

**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

Defend Our Conservative Senate PAC (DOC'S PAC)

ADDRESS (number and street)

PO Box 26141

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00632323

3. IS THIS  
REPORTNEW  
(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

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Marston, Chris, , ,

Signature of Treasurer

Marston, Chris, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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)

Page 2

Write or Type Committee Name

Defend Our Conservative Senate PAC (DOC'S PAC)Report Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 04  |   | 01  |   | 2026      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 06  |   | 30  |   | 2026      |

|                                                                                                                  | COLUMN A<br>This Period         | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2026</div></div>                                 |                                 | <div><div>105547.98</div></div>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div><div>143426.83</div></div> |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | <div><div>126521.84</div></div> | <div><div>299089.43</div></div>   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div><div>269948.67</div></div> | <div><div>404637.41</div></div>   |
| 7. Total Disbursements (from Line 31).....                                                                       | <div><div>86581.71</div></div>  | <div><div>221270.45</div></div>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <div><div>183366.96</div></div> | <div><div>183366.96</div></div>   |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div>0.00</div></div>      |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div>0.00</div></div>      |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Defend Our Conservative Senate PAC (DOC'S PAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2026

To:

M M / D D / Y Y Y Y  
06 / 30 / 2026

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 16000.00                      | 27202.05                          |
| (ii) Unitemized .....                                                                                 | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 16000.00                      | 27202.05                          |
| (b) Political Party Committees .....                                                                  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                    | 61000.00                      | 168500.00                         |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 77000.00                      | 195702.05                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 39521.84                      | 93387.38                          |
| 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.....           | 10000.00                      | 10000.00                          |
| 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)) .....                         | 126521.84                     | 299089.43                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 126521.84                     | 299089.43                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 51581.71                      | 171270.45                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 51581.71                      | 171270.45                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 30000.00                      | 45000.00                          |
| 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 .....                                  | 5000.00                       | 5000.00                           |
| (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)).....                            | 5000.00                       | 5000.00                           |
| 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)) ..      | 86581.71                      | 221270.45                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 86581.71                      | 221270.45                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 77000.00                              | 195702.05                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 5000.00                               | 5000.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 72000.00                              | 190702.05                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 51581.71                              | 171270.45                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 51581.71                              | 171270.45                                 |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 55  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

|                                                                                                                                 |             |                                                     |                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. HENNEBERRY, BRIAN, , ,</b>             |             |                                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 02 / 2026<br><b>Transaction ID : SA11A.104960</b> |  |
| Mailing Address 8605 WHITE POST COURT                                                                                           |             |                                                     | Amount of Each Receipt this Period<br>5000.00                                               |  |
| City<br>POTOMAC                                                                                                                 | State<br>MD | Zip Code<br>20854-4270                              | <input type="checkbox"/> Memo Item<br>CONTRIBUTION                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                     |                                                                                             |  |
| Name of Employer (for Individual)<br>KOCH                                                                                       |             | Occupation (for Individual)<br>GOVERNMENT RELATIONS |                                                                                             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>5000.00                 |                                                                                             |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. STERN, MICHAEL, , ,</b>                |             |                                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 24 / 2026<br><b>Transaction ID : SA11A.110088</b> |  |
| Mailing Address 11 MONROE AVE                                                                                                   |             |                                                     | Amount of Each Receipt this Period<br>5000.00                                               |  |
| City<br>LARCHMONT                                                                                                               | State<br>NY | Zip Code<br>10538-3713                              | <input type="checkbox"/> Memo Item<br>CONTRIBUTION                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                     |                                                                                             |  |
| Name of Employer (for Individual)<br>STONEHILL CAPITAL                                                                          |             | Occupation (for Individual)<br>INVESTOR             |                                                                                             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>5000.00                 |                                                                                             |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. LENEXA MANUFACTURING COMPANY</b>       |             |                                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2026<br><b>Transaction ID : SA11A.110815</b> |  |
| Mailing Address 10854 STRANG LINE ROAD                                                                                          |             |                                                     | Amount of Each Receipt this Period<br>1000.00                                               |  |
| City<br>LENEXA                                                                                                                  | State<br>KS | Zip Code<br>66215-2206                              | <input type="checkbox"/> Memo Item<br>CONTRIBUTION                                          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                                                     |                                                                                             |  |
| Name of Employer (for Individual)                                                                                               |             | Occupation (for Individual)                         |                                                                                             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             | Aggregate Year-to-Date ▼<br>1000.00                 | ATTRIBUTION TO PARTNERS REQUESTED                                                           |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶                                                                          |             |                                                     | 11000.00                                                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶                                                                |             |                                                     |                                                                                             |  |

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

### A. WASHER SPECIALTIES COMPANY

Mailing Address 224 N. INDIANA AVE.

City  
WICHITA

State  
KS

Zip Code  
67214-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 19 / 2026

Transaction ID : SA11A.109739

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

REFUNDED \$5,000.00 ON 06/23/2026

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

### B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

5000.00

16000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. AIR LINE PILOTS ASSOCIATION INTERNATIONAL PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City  
WASHINGTONState  
DCZip Code  
20036-2212FEC ID number of contributing  
federal political committee.**C** C00035451

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2026**Transaction ID : SA11C.109707**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTI**

Mailing Address 25 MASSACHUSETTS AVENUE, NW, SUITE

City  
WASHINGTONState  
DCZip Code  
20001-1430FEC ID number of contributing  
federal political committee.**C** C00413955

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2026**Transaction ID : SA11C.104367**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DRIVE

City  
RESTONState  
VAZip Code  
20191-4326FEC ID number of contributing  
federal political committee.**C** C00343459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2026**Transaction ID : SA11C.109980**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 55

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (AT&T)**

Mailing Address 208 S. AKARD STREET  
SUITE 1812

City  
DALLAS

State  
TX

Zip Code  
75202-4206

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**06** / **30** / **2026**

**Transaction ID : SA11C.110548**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

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

**B. BRISTOL-MYERS SQUIBB COMPANY POLITICAL ACTION COMMITTEE (BMS)**

Mailing Address 3401 PRINCETON PIKE

City  
LAWRENCEVILLE

State  
NJ

Zip Code  
08648-1205

FEC ID number of contributing  
federal political committee.

**C** C00035675

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**05** / **13** / **2026**

**Transaction ID : SA11C.107310**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

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

**C. CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 400 ATLANTIC STREET  
10TH FLOOR

City  
STAMFORD

State  
CT

Zip Code  
06901-3512

FEC ID number of contributing  
federal political committee.

**C** C00426775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06** / **30** / **2026**

**Transaction ID : SA11C.110550**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 55

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. COMMITTEE ORGANIZED FOR THE TRADING OF COTTON PAC OF THE AME**Mailing Address 88 UNION AVENUE  
SUITE 1204City  
MEMPHISState  
TNZip Code  
38103-5150FEC ID number of contributing  
federal political committee.**C** C00014019

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2026**Transaction ID : SA11C.107538**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. CORECIVIC, INC. POLITICAL ACTION COMMITTEE (CORECIVIC PAC)**

Mailing Address 10 BURTON HILLS BOULEVARD

City  
NASHVILLEState  
TNZip Code  
37215-9922FEC ID number of contributing  
federal political committee.**C** C00366468

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2026**Transaction ID : SA11C.107308**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address LILLY CORPORATE CENTER

City  
INDIANAPOLISState  
INZip Code  
46285-0001FEC ID number of contributing  
federal political committee.**C** C00082792

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2026**Transaction ID : SA11C.107309**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

12500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

## **A. FASPAC FAREWAY STORES INC PAC**

Mailing Address 715 8TH STREET  
PO BOX 70

City  
BOONE

State  
IA

Zip Code  
50036-2727

FEC ID number of contributing  
federal political committee.

**C**

C00331686

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2026

**Transaction ID : SA11C.108355**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

## **B. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)**

Mailing Address 25 MASSACHUSETTS AVENUE, NW  
SUITE 400

City  
WASHINGTON

State  
DC

Zip Code  
20001-1427

FEC ID number of contributing  
federal political committee.

**C**

C00076810

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2026

**Transaction ID : SA11C.103765**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

## **C. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL AC**

Mailing Address 1900 K STREET NW  
SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20006-1135

FEC ID number of contributing  
federal political committee.

**C**

C00084491

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2026

**Transaction ID : SA11C.109708**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

9000.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address 1350 I STREET NW SUITE 1210

City  
WASHINGTONState  
DCZip Code  
20005-3305FEC ID number of contributing  
federal political committee.

C

C00010983

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2026

Transaction ID : SA11C.110551

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. NATIONAL GROCERS ASSOCIATION GROCERS PAC**Mailing Address 601 PENNSYLVANIA AVE NW  
SUITE 375NCity  
WASHINGTONState  
DCZip Code  
20004-3660FEC ID number of contributing  
federal political committee.

C

C00508770

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2026

Transaction ID : SA11C.110549

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PAC)**

Mailing Address 2055 L STREET, NW

City  
WASHINGTONState  
DCZip Code  
20036-4983FEC ID number of contributing  
federal political committee.

C

C00003764

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2026

Transaction ID : SA11C.107307

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

7500.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 55

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

## **A. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20004-2723

FEC ID number of contributing  
federal political committee.

**C**

C00033969

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2026

**Transaction ID : SA11C.110547**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

## **B. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION C**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City  
WASHINGTON

State  
DC

Zip Code  
20004-2661

FEC ID number of contributing  
federal political committee.

**C**

C00039578

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2026

**Transaction ID : SA11C.104534**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

## **C. WALMART STORES, INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City  
BENTONVILLE

State  
AR

Zip Code  
72716-6209

FEC ID number of contributing  
federal political committee.

**C**

C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2026

**Transaction ID : SA11C.110546**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7000.00

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

61000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 55

(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. ONE TEAM SENATE MAJORITY**

Mailing Address 421 OFFICE PARK DRIVE

City  
MOUNTAIN BRKState  
ALZip Code  
35223-2411FEC ID number of contributing  
federal political committee.**C** C00897918

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25630.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2026**Transaction ID : SA12.108073**

Amount of Each Receipt this Period

6023.18

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

**B. GONSOLIN, AL, A., ,**

Mailing Address PO BOX 16757

City  
SUGAR LANDState  
TXZip Code  
77496-6757FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GONSOLIN ENTERPRISESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1698.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2026**Transaction ID : SA12.108075**

Amount of Each Receipt this Period

1250.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

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

**C. RYAN LLC POLITICAL ACTION COMMITTEE (RYANPAC)**Mailing Address 13155 NOEL ROAD  
SUITE 100City  
DALLASState  
TXZip Code  
75240-5050FEC ID number of contributing  
federal political committee.**C** C00574921

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2026**Transaction ID : SA12.108074**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

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

6023.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 55

(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. ONE TEAM SENATE MAJORITY**

Mailing Address 421 OFFICE PARK DRIVE

City  
MOUNTAIN BRKState  
ALZip Code  
35223-2411FEC ID number of contributing  
federal political committee.**C** C00897918

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25630.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2026

Transaction ID : SA12.110025

Amount of Each Receipt this Period

10024.29

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

**B. DUCHOSSOIS, CRAIG, J., MR.,**Mailing Address 444 WEST LAKE STREET  
SUITE 2000City  
CHICAGOState  
ILZip Code  
60606-0040FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

DUCHOSSOIS CAPITAL MANAGEMENT

EXECUTIVE CHAIR EMERITUS

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 / 02 / 2026

Transaction ID : SA12.110027

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

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

**C. DUCHOSSOIS, JANET, , ,**

Mailing Address 444 WEST LAKE STREET

City  
CHICAGOState  
ILZip Code  
60606-0010FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

HOMEMAKER

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 / 02 / 2026

Transaction ID : SA12.110028

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

SUBTOTAL of Receipts This Page (optional)..... ►

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

10024.29

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 55  
(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. GONSOLIN, AL, A., ,**

Mailing Address PO BOX 16757

City  
SUGAR LANDState  
TXZip Code  
77496-6757FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GONSOLIN ENTERPRISESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1698.22

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2026**Transaction ID : SA12.110026**

Amount of Each Receipt this Period

448.22

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

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

**B. TEAM MARSHALL II**

Mailing Address PO BOX 26141

City  
ALEXANDRIAState  
VAZip Code  
22313-6141FEC ID number of contributing  
federal political committee.**C** C00755074

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67756.52

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2026**Transaction ID : SA12.110609**

Amount of Each Receipt this Period

23474.37

☐ Memo Item

TRANSFER

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

**C. BAER, FREDERICK, , ,**

Mailing Address 59 W 12TH STREET

City  
NEW YORKState  
NYZip Code  
10011-8563FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CONTINGENCY CAPITALOccupation (for Individual)  
CIO FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2026**Transaction ID : SA.108525.9.8019**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

23474.37

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 55

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. PARMAN, MARYAM, , ,**

Mailing Address 403 KINGS RD

City  
NEWPORT BEACHState  
CAZip Code  
92663-5707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVREK LAWOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2026**Transaction ID : SA.109536.9.8019**

Amount of Each Receipt this Period

3000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**B. RYAN, DIANNA, , ,**

Mailing Address 9300 METALF

City  
OVERLAND PARKState  
KSZip Code  
66212-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (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  
01 / 19 / 2026**Transaction ID : SA.102352.9.8019**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**C. RYAN, WILLIAM, , ,**

Mailing Address 9300 METALF

City  
OVERLAND PARKState  
KSZip Code  
66212-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SHAMROCK TRADING CORPOccupation (for Individual)  
CEO

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  
01 / 19 / 2026**Transaction ID : SA.102353.9.8019**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 55  
(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. TODD, DANIEL, , ,**

Mailing Address 3919 BENTON STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20007-1782FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TODD STRATEGY GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2026**Transaction ID : SA.110066.9.8019**

Amount of Each Receipt this Period

250.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**B. AMERICAN ACADEMY OF NEUROLOGY - BRAINPAC**

Mailing Address 401 C ST NE

City  
WASHINGTONState  
DCZip Code  
20002-5817FEC ID number of contributing  
federal political committee.**C** C00435933

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2026**Transaction ID : SA.110087.9.8019**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**C. BLUE CROSS AND BLUE SHIELD OF KANSAS CITY FEDERAL PAC**

Mailing Address 2301 MAIN STREET

City  
KANSAS CITYState  
MOZip Code  
64108-2429FEC ID number of contributing  
federal political committee.**C** C00301358

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2026**Transaction ID : SA.100723.9.8019**

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 55

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)****A. BLUE CROSS AND BLUE SHIELD OF KANSAS CITY FEDERAL PAC**

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

Mailing Address 2301 MAIN STREET

City  
KANSAS CITYState  
MOZip Code  
64108-2429FEC ID number of contributing  
federal political committee.

C

C00301358

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 19 / 2026**Transaction ID : SA.101227.9.8019**

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

**B. BLUE CROSS AND BLUE SHIELD OF KANSAS CITY FEDERAL PAC**

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

Mailing Address 2301 MAIN STREET

City  
KANSAS CITYState  
MOZip Code  
64108-2429FEC ID number of contributing  
federal political committee.

C

C00301358

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2022**Transaction ID : SA.47109.9.8019**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

2022 AGGREGATE; TRANSFER FROM TEAM  
MARSHAL II**C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

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

Mailing Address 1310 G STREET NW

City  
WASHINGTONState  
DCZip Code  
20005-3000FEC ID number of contributing  
federal political committee.

C

C00194746

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2024**Transaction ID : SA.61107.9.8019**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

2024 AGGREGATE; TRANSFER FROM TEAM  
MARSHAL II**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 55

(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Mailing Address 174 NORTH CAROLINA AVENUE SOUTHEAS

City  
WASHINGTONState  
DCZip Code  
20003-1841FEC ID number of contributing  
federal political committee.**C**

C00503680

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2026**Transaction ID : SA.110519.9.8019**

Amount of Each Receipt this Period

1500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**B. GARMIN INTERNATIONAL INC POLITICAL ACTION COMMITTEE**

Mailing Address 1200 EAST 151ST STREET

City  
OLATHEState  
KSZip Code  
66062-3426FEC ID number of contributing  
federal political committee.**C**

C00660894

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026**Transaction ID : SA.104282.9.8019**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**C. LIVESTOCK MARKETING ASSOCIATION POLITICAL ACTION COMMITTEE (**

Mailing Address 11501 OUTLOOK ST

#250

City  
OVERLAND PARKState  
KSZip Code  
66211-1807FEC ID number of contributing  
federal political committee.**C**

C00244400

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026**Transaction ID : SA.102734.9.8019**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 55  
(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. NATSO INC. NATSO PAC**

Mailing Address 1330 BRADDOCK PLACE, SUITE 501

City  
ALEXANDRIAState  
VAZip Code  
22314-1650FEC ID number of contributing  
federal political committee.**C** C00097865

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2026**Transaction ID : SA.104334.9.8019**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**B. NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PA**Mailing Address 2740 AIRPORT DRIVE  
SUITE 330City  
COLUMBUSState  
OHZip Code  
43219-2286FEC ID number of contributing  
federal political committee.**C** C00488262

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2026**Transaction ID : SA.103768.9.8019**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

**C. PHYSICIAN-LED HEALTHCARE FOR AMERICA POLITICAL ACTION COMMIT**

Mailing Address 105 E STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003-2616FEC ID number of contributing  
federal political committee.**C** C00394163

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2026**Transaction ID : SA.109870.9.8019**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 55  
(check only one)

|                              |                              |                              |                                        |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**Defend Our Conservative Senate PAC (DOC'S PAC)****A. SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMM**

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

Mailing Address 1450 EMPIRE CENTRAL DR.  
SUITE 737City  
DALLASState  
TXZip Code  
75247-4081FEC ID number of contributing  
federal political committee.**C** C00360669

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : SA.103769.9.8019

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM MARSHAL II

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

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

39521.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

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

**A. LUMMIS FOR WYOMING INC.**Mailing Address 111 S DURBIN ST  
STE 300City  
CASPERState  
WYZip Code  
82601-2557FEC ID number of contributing  
federal political committee.**C** C00443580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2026**Transaction ID : SA16.29710**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

REFUND OF CONTRIBUTION MADE

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

**B. MULLIN FOR AMERICA**

Mailing Address PO BOX 1632

City  
OKLAHOMA CITYState  
OKZip Code  
73101FEC ID number of contributing  
federal political committee.**C** C00498345

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2026**Transaction ID : SA16.30766**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

REFUND OF CONTRIBUTION MADE

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 55

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. WOZNIAK, BILL, , ,**

Mailing Address 1431 PONCA AVE

City  
SALINAState  
KSZip Code  
67401Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** **Transaction ID : SB21B.I2964**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
CC PAYMENT - SEE BELOW

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.I2958**

Amount of Each Disbursement this Period

 6496.64☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**Mailing Address 1200 12TH AVE S  
STE 1200City  
SEATTLEState  
WAZip Code  
98144Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** **Transaction ID : SB21B.I2960**

Amount of Each Disbursement this Period

 52.98☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 11496.64

# **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)

PAGE 25 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 1200 12TH AVE S  
STE 1200

City  
SEATTLE

State  
WA

Zip Code  
98144

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I2961!**

Amount of Each Disbursement this Period

190.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I2961C**

Amount of Each Disbursement this Period

705.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I2963**

Amount of Each Disbursement this Period

383.40

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2964I

Amount of Each Disbursement this Period

568.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

REFUND OF TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 2 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2964I

Amount of Each Disbursement this Period

- 951.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2962I

Amount of Each Disbursement this Period

1098.15

☒ Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address P.O. BOX 20980

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I2962!**

Amount of Each Disbursement this Period

1457.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONAL CAR RENTAL**

Mailing Address 600 CORPORATE PARK DRIVE

City  
ST LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I29617**

Amount of Each Disbursement this Period

355.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTON

State  
DC

Zip Code  
20510

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2026

FEC Identification Number

**C**

**Transaction ID : SB21B.I2962**

Amount of Each Disbursement this Period

1051.80

☒ Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

## **A. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTON

State  
DC

Zip Code  
20510

Purpose of Disbursement

REFUND OF FOOD

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I2964!**

Amount of Each Disbursement this Period

– 849.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I29611**

Amount of Each Disbursement this Period

520.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I2963**

Amount of Each Disbursement this Period

788.80

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 7 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2963!

Amount of Each Disbursement this Period

630.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

REFUND OF TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 0 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2964!

Amount of Each Disbursement this Period

- 1024.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

REFUND OF TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 9 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2964

Amount of Each Disbursement this Period

- 394.40

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. ST. REGIS**

Mailing Address 10400 FERNWOOD ROAD

City  
BETHESDAState  
MDZip Code  
20817

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29611

Amount of Each Disbursement this Period

235.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE SPICE MERCHANT AND CO**

Mailing Address 1300 EAST DOUGLAS AVENUE

City  
WICHITAState  
KSZip Code  
67214

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29607

Amount of Each Disbursement this Period

263.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2961

Amount of Each Disbursement this Period

27.64

☒ Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST  
FL 4

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I29614

Amount of Each Disbursement this Period

29.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST  
FL 4

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I29615

Amount of Each Disbursement this Period

241.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST  
FL 4

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2961

Amount of Each Disbursement this Period

61.98

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2962I

Amount of Each Disbursement this Period

3.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2962I

Amount of Each Disbursement this Period

26.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2962I

Amount of Each Disbursement this Period

71.81

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 55

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

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

NAME OF COMMITTEE (In Full)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2962

Amount of Each Disbursement this Period

18.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I29627

Amount of Each Disbursement this Period

27.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2963

Amount of Each Disbursement this Period

36.99

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2963

Amount of Each Disbursement this Period

62.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29634

Amount of Each Disbursement this Period

113.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2963

Amount of Each Disbursement this Period

26.21

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29631

Amount of Each Disbursement this Period

110.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29641

Amount of Each Disbursement this Period

137.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER EATS**Mailing Address 1455 MARKET STREET  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2960

Amount of Each Disbursement this Period

22.72

☒ Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

## **A. UBER EATS**

Mailing Address 1455 MARKET STREET  
STE 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
FOOD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I29631**

Amount of Each Disbursement this Period

47.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **B. UBER EATS**

Mailing Address 1455 MARKET STREET  
STE 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
FOOD

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I29642**

Amount of Each Disbursement this Period

35.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **C. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORK

State  
NY

Zip Code  
10285

Purpose of Disbursement  
CC PAYMENT - SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2026

FEC Identification Number

C

**Transaction ID : SB21B.I2966**

Amount of Each Disbursement this Period

8533.03

☐ Memo Item

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

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

8533.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**Mailing Address 1200 12TH AVE S  
STE 1200City  
SEATTLEState  
WAZip Code  
98144

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I2968I

Amount of Each Disbursement this Period

31.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 3 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I2966I

Amount of Each Disbursement this Period

3976.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I2967I

Amount of Each Disbursement this Period

455.40

☒ Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. APPLE**

Mailing Address 1 APPLE PARK WAY

City  
CUPERTINOState  
CAZip Code  
95014

Purpose of Disbursement

OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I2968

Amount of Each Disbursement this Period

1381.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2966

Amount of Each Disbursement this Period

70.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address P.O. BOX 20980

City  
ATLANTAState  
GAZip Code  
30320

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I2967

Amount of Each Disbursement this Period

648.40

☒ Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
FOOD

Candidate Name

Category/  
TypeOffice Sought: 

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

  
State: District:Disbursement For:  

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

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29671

Amount of Each Disbursement this Period

407.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: 

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

  
State: District:Disbursement For:  

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

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I29672

Amount of Each Disbursement this Period

370.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE SPICE MERCHANT AND CO**

Mailing Address 1300 EAST DOUGLAS AVENUE

City  
WICHITAState  
KSZip Code  
67214Purpose of Disbursement  
FOOD

Candidate Name

Category/  
TypeOffice Sought: 

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

  
State: District:Disbursement For:  

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

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2966

Amount of Each Disbursement this Period

240.70

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. THE SPICE MERCHANT AND CO**

Mailing Address 1300 EAST DOUGLAS AVENUE

City  
WICHITAState  
KSZip Code  
67214

Purpose of Disbursement

FOOD

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I2968!

Amount of Each Disbursement this Period

261.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2966!

Amount of Each Disbursement this Period

99.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2967

Amount of Each Disbursement this Period

96.49

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2967!

Amount of Each Disbursement this Period

67.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2967!

Amount of Each Disbursement this Period

77.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2968

Amount of Each Disbursement this Period

23.98

☒ Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 55

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. UBER EATS**Mailing Address 1455 MARKET STREET  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
FOOD

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   |   | 2 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I2967**

Amount of Each Disbursement this Period

38.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER EATS**Mailing Address 1455 MARKET STREET  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
FOOD

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   |   | 1 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I2968**

Amount of Each Disbursement this Period

42.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
CC PAYMENT - SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   |   | 0 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I2972**

Amount of Each Disbursement this Period

6012.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6012.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. ALASKA AIRLINES**

Mailing Address 19300 INTERNATIONAL BLVD

City  
SEATACState  
WAZip Code  
98188

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2974!

Amount of Each Disbursement this Period

618.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 1 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2973!

Amount of Each Disbursement this Period

631.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 2 |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I2973

Amount of Each Disbursement this Period

667.40

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESSEY ST

City  
NEW YORKState  
NYZip Code  
10285

Purpose of Disbursement

MEMBERSHIP FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I29741

Amount of Each Disbursement this Period

470.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTAURANT ASSOCIATES AT US SENATE**

Mailing Address US SENATE

City  
WASHINGTONState  
DCZip Code  
20510

Purpose of Disbursement

FOOD

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I29741

Amount of Each Disbursement this Period

735.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOUTING AMERICA QUIVIRA COUNCIL**

Mailing Address 3247 OLIVER DRIVE

City  
WICHITAState  
KSZip Code  
67220

Purpose of Disbursement

CONTRIBUTION

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I2972

Amount of Each Disbursement this Period

1000.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST**

Mailing Address 2702 LOVE FIELD DR.

City  
DALLASState  
TXZip Code  
75235

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2973:

Amount of Each Disbursement this Period

844.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE SPICE MERCHANT AND CO**

Mailing Address 1300 EAST DOUGLAS AVENUE

City  
WICHITAState  
KSZip Code  
67214

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2973:

Amount of Each Disbursement this Period

305.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 6 |   |

FEC Identification Number

C

Transaction ID : SB21B.I2972

Amount of Each Disbursement this Period

57.10

☒ Memo Item

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

0.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 55

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2973I

Amount of Each Disbursement this Period

30.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2973I

Amount of Each Disbursement this Period

47.97

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2026

FEC Identification Number

C

Transaction ID : SB21B.I2973I

Amount of Each Disbursement this Period

50.98

☒ Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 55

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

**Transaction ID : SB21B.I2973**

Amount of Each Disbursement this Period

30.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

**Transaction ID : SB21B.I2973**

Amount of Each Disbursement this Period

35.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

**Transaction ID : SB21B.I2973**

Amount of Each Disbursement this Period

15.85

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 55

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. UBER**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address 1455 MARKET ST  
FL 4City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I2974

Amount of Each Disbursement this Period

114.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER EATS**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address 1455 MARKET STREET  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I2974

Amount of Each Disbursement this Period

34.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER EATS**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 6 |   |   |

Mailing Address 1455 MARKET STREET  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I2974

Amount of Each Disbursement this Period

34.76

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 55

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement

CC PROCESSING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2958

Amount of Each Disbursement this Period

[REDACTED] 200.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVENUE

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement

CC PROCESSING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I30773

Amount of Each Disbursement this Period

[REDACTED] 200.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNA

State  
VA

Zip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2959

Amount of Each Disbursement this Period

[REDACTED] 250.00

☐ Memo Item

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

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

[REDACTED] 650.60

[REDACTED]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 55

☒ 21b   ☐ 22   ☐ 23   ☐ 26   ☐ 27  
☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNAState  
VAZip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** **Transaction ID : SB21B.I2968!**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD

City  
VIENNAState  
VAZip Code  
22182

Purpose of Disbursement

DATABASE SERVICES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** **Transaction ID : SB21B.I3075C**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOC SHOP, LLC**

Mailing Address 14736 BELL TOWER ROAD

City  
WOODBIDGEState  
VAZip Code  
22193

Purpose of Disbursement

FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 9 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C** **Transaction ID : SB21B.I2974**

Amount of Each Disbursement this Period

 22965.22☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 23465.22

|                                     |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

## Defend Our Conservative Senate PAC (DOC'S PAC)

A. ELECTION CFO

C

Category/  
Type

283.00

Memo Item

## B. ELECTION CFO

C

Category/  
Type

269.00

Memo Item

### C. ELECTION CFO

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C

Category/  
Type

271.26

Memo Item

823.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 55

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Defend Our Conservative Senate PAC (DOC'S PAC)**

Full Name (Last, First, Middle Initial)

**A. WICHITA CRIME COMMISSION**Mailing Address 100 SOUTH MAIN STREET  
STE 415City  
WICHITAState  
KSZip Code  
67202

Purpose of Disbursement

DUES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I2960**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

51581.71

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 55

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. ALME FOR SENATE**

Mailing Address C/O 228 S WASHINGTON ST. STE. 115

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CONTRIBUTION

Candidate Name

ALME, KURT, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

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

State: MT

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 8 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C C00942060

Transaction ID : SB23.I29693

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ALME FOR SENATE**

Mailing Address C/O 228 S WASHINGTON ST. STE. 115

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CONTRIBUTION

Candidate Name

ALME, KURT, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

|                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Primary         | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |                                             |

State: MT

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 8 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C C00942060

Transaction ID : SB23.I29694

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HERN FOR SENATE**

Mailing Address 10026-A S MINGO RD #326

City  
TULSAState  
OKZip Code  
74133Purpose of Disbursement  
CONTRIBUTION

Candidate Name

HERN, KEVIN, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

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

State: OK

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 6 |   |   |   |

FEC Identification Number

C C00943142

Transaction ID : SB23.I29695

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

15000.00

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

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 55

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. HERN FOR SENATE**

Mailing Address 10026-A S MINGO RD #326

City  
TULSAState  
OKZip Code  
74133

Purpose of Disbursement

CONTRIBUTION

Candidate Name

HERN, KEVIN, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

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

State: OK

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 02    |   | 2026        |

FEC Identification Number

**C** C00943142**Transaction ID : SB23.I29696**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HUSTED FOR SENATE**

Mailing Address PO BOX 6290

City  
COLUMBUSState  
OHZip Code  
43206

Purpose of Disbursement

CONTRIBUTION

Candidate Name

HUSTED, JON, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

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

State: OH

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 04    |   | 2026        |

FEC Identification Number

**C** C00896019**Transaction ID : SB23.I29652**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HUSTED FOR SENATE**

Mailing Address PO BOX 6290

City  
COLUMBUSState  
OHZip Code  
43206

Purpose of Disbursement

CONTRIBUTION

Candidate Name

HUSTED, JON, , ,

Office Sought:

|                                            |
|--------------------------------------------|
| <input type="checkbox"/> House             |
| <input checked="" type="checkbox"/> Senate |
| <input type="checkbox"/> President         |

Disbursement For: 2026

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

State: OH

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 04    |   | 2026        |

FEC Identification Number

**C** C00896019**Transaction ID : SB23.I29653**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

30000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

PAGE 55 OF 55

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NAME OF COMMITTEE (In Full)

Defend Our Conservative Senate PAC (DOC'S PAC)

Full Name (Last, First, Middle Initial)

**A. WASHER SPECIALTIES COMPANY**

Mailing Address 224 NORTH INDIANA AVENUE

City  
WICHITAState  
KSZip Code  
67214-4033Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

C

Transaction ID : SB28A.I30771

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

5000.00

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

5000.00