PAGE 1 / 47

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An Au	thorized Committee	Office Use Only	
NAME OF TOO COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
AUTISM HEAR US NO	W PAC			
				. 1
ADDRESS (number and street)	ONE WESTBROOK CORF	PORATE CENTER		
Check if different than previously reported. (ACC)	SUITE 300 WESTCHESTER		IL 60154 -	
2. FEC IDENTIFICATION NUM	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲	
C C00671685	**	IS THIS X NEW REPORT X (N) OF	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	Report Due On: Ma	b 20 (M2) May 20 (Mar 20 (M3) Jun 20 (M6) Jul 20 (M7	Sep 20 (M9)  Sep 20 (M9)  Sep 20 (M9)  Dec 20 (Non-Elec Year Only	etion () (M12) etion ()
Quarterly Report (Q1  July 15  Quarterly Report (Q2  October 15  Quarterly Report (Q3  January 31	PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff ( Special (12S) in the	(12R)
Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report	(d) 30-Day	General (30G)	State of  Runoff (30R) Special	(30S)
(TER)	Electi	ion on	in the State of	
5. Covering Period 03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 03	M / D D / Y Y Y Y Y 31 2024	
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of CAPPLEMAN, OLIVER, ,		true, correct and complete.	
Signature of Treasurer CAPPI	LEMAN, OLIVER, , MR,		Date 04 / 16 / 2024	Y Y
NOTE: Submission of false, erroned	ous, or incomplete information	on may subject the person signing	this Report to the penalties of 52 U.S.C. §	§ 30109
Office Use			FEC FORM 3X Rev. 05/2016	

	OF RECEIPTS AND DISBURSEMENTS		
FEC Form 3X (Rev. 05/2016)	or Resem to ARD Disponseiments		Page <b>2</b>
Write or Type Committee Name			
AUTISM HEAR US NOW PA	0		
Report Covering the Period: From:	03 01 7 2024	To:	03 31 7 2024
	COLUMN A This Period		COLUMN B Calendar Year-to-Date

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2024		47212.66
	(b) Cash on Hand at Beginning of Reporting Period	59355.72	
	(c) Total Receipts (from Line 19)	47415.00	134071.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106770.72	181283.66
7.	Total Disbursements (from Line 31)	59413.31	133926.25
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47357.41	47357.41
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	11112.28	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### AUTISM HEAR US NOW PAC

Report Covering the Period: From:	To: 03 / 31 / 2024	
I. Receipts	I. Receipts COLUMN A Total This Period	
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4000.00	0050.00
(i) Itemized (use Schedule A)	1900.00	6650.00
(ii) Unitemized	45515.00	127421.00
(iii) TOTAL (add		424074.00
Lines 11(a)(i) and (ii)▶	47415.00	134071.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	200	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	47415.00	134071.00
Totals to Line 33, page 5)	47410.00	49. 49. 100.
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
	45 45 45	4 4
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	4 4	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	,	,
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(	4 4	4 4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(,, , , , , , , , , , , , , , , , , , ,	7 7	7 7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47415.00	134071.0
(subtract Line 18(c) from Line 19)▶	47415.00	134071.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	41411.07	98260.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41411.07	98260.59
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	17957.24	35565.66
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	45.00	100.00
Than I dilibar definitioned	45.00	100.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c))	45.00	100.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)  (a) Allocated Federal Election Activity  (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	200	200
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	59413.31	133926.25
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	50/1/2 21	/00000 00
	59413.31	133926.25

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	47415.00	134071.00
4. Total Contribution Refunds (from Line 28(d))	45.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47370.00	133971.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	41411.07	98260.59
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	41411.07	98260.59

#### : 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: F3XN Transaction ID:

The incoming debt from the prior period includes Schedule E Estimated amounts. Now that the Schedule E Estimates have been resolved to their actual value, we have adjusted our Schedule D opening balance accordingly.

Form/Schedule: Transaction ID:

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

47 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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) AUTISM HEAR US NOW PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BECKLER, TRACEY, , , Date of Receipt Mailing Address 32294 195TH ST 2024 City Zip Code State Transaction ID: SA11AI-30850819 SD **HARROLD** 57536 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ENTREPRENEUR FARMER** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BILDSTEIN, KEITH, , , Date of Receipt Mailing Address 116 VILLAGE DR 03 09 2024 City State Zip Code Transaction ID: SA11AI-30851737 **BLANDON** PA 19510 Amount of Each Receipt this Period FEC ID number of contributing 215.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DEWICK, HOLLY A., , , Date of Receipt Mailing Address 11791 MIRACLE MILE RD 2024 03 25 City Zip Code State Transaction ID: SA11AI-30849621 MO **BIRCH TREE** 65438 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) THE BUSINESS WITH CARING HEART DIRECT CARE WORKER Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 765.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

47

for each category of the Detailed Summary Page 13 14 15 16 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) AUTISM HEAR US NOW PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FORSHEE, ROBERT, , , Date of Receipt Mailing Address 2129 E DOLPHIN AVE 12 2024 City Zip Code State Transaction ID: SA11AI-30851595 **MESA** ΑZ 85204 Amount of Each Receipt this Period FEC ID number of contributing C 320.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **GRIDMEN INTERIORS** OWNER/CONSTRUCTION Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GUTWEIN, YVONNE, , , Date of Receipt Mailing Address 13 W VIOLET DR 03 12 2024 City State Zip Code Transaction ID: SA11AI-30851559 **FRANCESVILLE** IN 47946 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LOTHMAN, DEBORAH, , , Date of Receipt Mailing Address 17 WINTHROP CT 2024 03 06 City Zip Code State Transaction ID: SA11AI-30851871 NC DURHAM 27707 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 315.00 Other (specify) 670.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	LINE	INE NUMBER:			PAGE	=	9	OF		47
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	;		17

		1 10 11
Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
AUTISM HEAR US NOW PAC		
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	
LOTHMAN, DEBORAH, , ,		Date of Receipt
Mailing Address 17 WINTHROP CT	03 23 2024	
City	State Zip Code	Transaction ID : SA11AI-30851001
DURHAM	NC 27707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	215.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	315.00	
□ Curier (specify) ▼	313.00	
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of D. C.
POPE, RICHARD D., , ,  Mailing Address 4212 ALBERT DR		Date of Receipt
		03 18 2024
City	State Zip Code	Transaction ID : SA11AI-30850109
FORT WAYNE	IN 46835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250,00	
□ Carlot (Specify) ♥	200,00	
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of B
Mailing Address		Date of Receipt
		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
		Mome term
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)		
	7 7	
SUBTOTAL of Receipts This Page (optional)		465.00
TOTAL This Period (last page this line number of	only)	1900.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliy	one)
	Detailed Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or us ne and address of any politi	sed by any persocal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	7 5		
AUTISM HEAR US NOW PAC			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. CAPPLEMAN, OLIVER, , ,			M M / D D / Y Y Y Y
Mailing Address 2752 CRANSTON CIR			03 06 2024
YORKVILLE	State Zip Code IL 60560		FEC Identification Number
Purpose of Disbursement PAYROLL		001	C
Candidate Name			Transaction ID : SB21B-98549
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem		- /	324.00
	Primary General		
State: District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			<u> </u>
B. CAPPLEMAN, OLIVER, , ,			Date of Disbursement
Mailing Address 2752 CRANSTON CIR			03 13 2024
,	State Zip Code		FEC Identification Number
YORKVILLE Purpose of Disbursement	IL 60560		
PAYROLL		001	C Transaction ID : SB21B-98549
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursem			324.00
	Primary General		
State: President  District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			Date of District
<sup>C.</sup> CAPPLEMAN, OLIVER, , ,			Date of Disbursement
Mailing Address 2752 CRANSTON CIR			03 20 7 2024
City	State Zip Code		FEC Identification Number
YORKVILLE	IL 60560		
Purpose of Disbursement PAYROLL		001	C
Candidate Name	Category/ Type		Transaction ID : SB21B-98550 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:	.,,,,	324.00
	Primary General		
	Other (specify) ▼		Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	972.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only control 21b 28a	one) 22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
\	e and address of any politica	i committee to s	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
AUTISM HEAR US NOW PAC					
Full Name (Last, First, Middle Initial)  A. CARRI EMANI OLIVER			Date of Disbursement		
CAPPLEMAN, OLIVER, , ,			M M / D D / Y Y Y Y		
Mailing Address 2752 CRANSTON CIR			03 27 2024		
,	State Zip Code		FEC Identification Number		
YORKVILLE	IL 60560				
Purpose of Disbursement		001	[C]		
PAYROLL Candidate Name		001	Transaction ID : SB21B-98550		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	туре	324.00		
	Primary General		7 7 7		
President State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)			_		
			Date of Disbursement		
B. CLOUD DATA SERVICES			M M / D D / Y Y Y Y		
Mailing Address 1009 WHITNEY RANCH DR	iling Address 1009 WHITNEY RANCH DR				
,	State Zip Code		FEC Identification Number		
	NV 89014				
Purpose of Disbursement		003	[C]		
LEADS/PHONE LISTS Candidate Name			Transaction ID : SB21B-98555		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	Туре	997.72		
	Primary General		7 7 7		
President	Other (specify)		Mama Ham		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)			5. (5)		
<sup>C.</sup> CLOUD DATA SERVICES			Date of Disbursement		
Mailing Address 1009 WHITNEY RANCH DR			03 06 2024		
City	State Zip Code		EEC Identification Number		
HENDERSON	NV 89014		FEC Identification Number		
Purpose of Disbursement		003	C		
	LEADS/PHONE LISTS				
Candidate Name	Candidate Name Category/ Type				
Office Sought: House Disbursem					
	Primary General				
President	Other (specify) ▼		Memo Item		
State: District:			Limit Roll		
SUBTOTAL of Disbursements This Page (optional)			4580.27		
, , , , , , , , , , , , , , , , , , ,					
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 12 OF 47		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Stater	mente may not be cold or uses				
or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
AUTISM HEAR US NOW PAC					
Full Name (Last, First, Middle Initial)					
CLOUD DATA SERVICES			Date of Disbursement		
CLOOD DATA SERVICES			M M / D D / Y Y Y Y		
Mailing Address 1009 WHITNEY RANCH DR			03 13 2024		
City	State Zip Code		FEC Identification Number		
HENDERSON	NV 89014		TEC Identification Number		
Purpose of Disbursement	Ī				
LEADS/PHONE LISTS		003	Transaction ID : SB21B-98553		
Candidate Name	,	Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	mont For:	Туре	1810.06		
Senate Disburser			1010.00		
President					
State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
CLOUD DATA SERVICES			Date of Disbursement		
CLOUD DATA SERVICES			M M / D D / Y Y Y Y		
Mailing Address 1009 WHITNEY RANCH DR			03 20 2024		
City	State Zip Code		CCO Identification Number		
HENDERSON	NV 89014		FEC Identification Number		
Purpose of Disbursement			C		
LEADS/PHONE LISTS		003	Transaction ID : SB21B-98553		
Candidate Name	,	Category/	Amount of Each Disbursement this Period		
		Туре	004504		
Office Sought: House Disburser			2015.21		
Senate	Primary General				
President	Other (specify)		Memo Item		
State: District:			_		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
· CLOUD DATA SERVICES			M M / D D / Y Y Y Y Y		
Mailing Address 1009 WHITNEY RANCH DR			03 27 2024		
City	State 7in Cada				
City :	State Zip Code NV 89014		FEC Identification Number		
Purpose of Disbursement	03014				
LEADS/PHONE LISTS		003	C Transaction ID : SB21B-9855		
Candidate Name					
		Туре			
	ment For:		1683.46		
Senate	Primary General		invoice unpaid by close of be		
President	Other (specify) ▼		X Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)			3825.27		
		·····	7 7		
TOTAL This Period (last page this line number only)	)				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s	(official offiny	
	Detailed Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	o and address of any pol	mear committee to	o sonot continuations from such committee.
AUTISM HEAR US NOW PAC			
/			
Full Name (Last, First, Middle Initial)			Date of Disbursement
<sup>A.</sup> FIFTH THIRD BANK			Date of Disbursement
Mailing Address 444 E VETERANS PKWY			03 12 2024
City S YORKVILLE	Zip Code IL 60560		FEC Identification Number
Purpose of Disbursement			C
BANK FEES		001	Transaction ID : SB21B-98549
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought:	ent For:	Type	462.58
Office Sought: House Disbursem	nent For:  Primary General		402.30
	Other (specify)		П.,
State: District:	(=p=00.1) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. ILLINOIS DEPT. OF REVENUE			Date of Disbursement
ILLINOIO DLI I. OI NEVENUE			M = M / D = D / Y = Y = Y
Mailing Address 101 W JEFFERSON ST			03 15 2024
,	State Zip Code		FEC Identification Number
SPRINGFIELD Purpose of Disbursement	IL 62702		
STATE TAXES		001	C
Candidate Name			Transaction ID : SB21B-98550 Amount of Each Disbursement this Period
		Category/ Type	Amount of Each Dispulsement this Period
Office Sought: House Disbursem	ent For:		173.75
	Primary General		
	Other (specify)		Memo Item
State: District:			_
Full Name (Last, First, Middle Initial)			Date of Disbursement
LAV SERVICES LLC			
Mailing Address 1009 WHITNEY RANCH DR			03 01 2024
City	State Zip Code		EEC Identification Number
HENDERSON	NV 89014		FEC Identification Number
Purpose of Disbursement	-	201	C
PHONEBANK PAYROLL SERVICES		003	Transaction ID : SB21B-98556
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursem	ent For:	Туре	947.84
	Primary General		
	Other (specify) ▼		Memo Item
State: District:			
<u> </u>			
SUBTOTAL of Disbursements This Page (optional)		·····	1584.17
TOTAL This Period (last page this line number only).			1

ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE I (check only X 21b	
	Detailed	Guillialy Fage	28a	28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	.o and addi	oco or arry political	33	constitution from outil committee.
AUTISM HEAR US NOW PAC				
Full Name (Last, First, Middle Initial)		Data of Disham		
A. LAV SERVICES LLC				Date of Disbursement
Mailing Address 1009 WHITNEY RANCH DR				03 06 2024
City HENDERSON	State NV	Zip Code 89014		FEC Identification Number
Purpose of Disbursement			1	C
PHONEBANK PAYROLL SERVICES			003	Transaction ID : SB21B-98553
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:		Туре	3095.62
	Primary	General		7 7 7
President State: District:	Other (spec	cify) ▼		Memo Item
Full Name (Last, First, Middle Initial)				
B. LAV SERVICES LLC				Date of Disbursement
Mailing Address 1009 WHITNEY RANCH DR		03 13 2024		
,	State	Zip Code		FEC Identification Number
HENDERSON	NV	89014		
Purpose of Disbursement PHONEBANK PAYROLL SERVICES		r	003	C
Candidate Name	with Attribute delitities			
Office Sought: House Disbursen	nent For:		.,,,,	1719.56
	Primary	General		7 7 7
State: President District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial)				
			I	Date of Disbursement
C. LAV SERVICES LLC				
LAV SERVICES LLC  Mailing Address 1009 WHITNEY RANCH DR				03 20 7 2024
Mailing Address 1009 WHITNEY RANCH DR	State	Zip Code		03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON	State NV	Zip Code 89014		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON Purpose of Disbursement		l .	003	03 / 20 / 2024
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON		l .	003 Category/	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HENDERSON Purpose of Disbursement PHONEBANK PAYROLL SERVICES	NV	l .		FEC Identification Number  C  Transaction ID: SB21B-98554
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON Purpose of Disbursement PHONEBANK PAYROLL SERVICES Candidate Name  Office Sought: House Disbursem	NV	l .	Category/	FEC Identification Number  C  Transaction ID: SB21B-98554  Amount of Each Disbursement this Period
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON Purpose of Disbursement PHONEBANK PAYROLL SERVICES  Candidate Name  Office Sought: House Senate President	nv ment For:	89014  General	Category/	FEC Identification Number  C  Transaction ID: SB21B-98554  Amount of Each Disbursement this Period
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON Purpose of Disbursement PHONEBANK PAYROLL SERVICES  Candidate Name  Office Sought: House Senate	ment For:	89014  General	Category/	FEC Identification Number  C  Transaction ID: SB21B-98554  Amount of Each Disbursement this Period  2106.82
Mailing Address 1009 WHITNEY RANCH DR  City HENDERSON Purpose of Disbursement PHONEBANK PAYROLL SERVICES  Candidate Name  Office Sought: House Senate President	nent For: Primary Other (spec	89014  General cify) ▼	Category/ Type	FEC Identification Number  C  Transaction ID: SB21B-98554  Amount of Each Disbursement this Period  2106.82

TEMIZED DISBURSEMENTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE (check only 21b 28a			
Any information copied from such Reports and States for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	ame and addres	ss of any politica	i committee to	Solicit Contributions from Such Committee.		
AUTISM HEAR US NOW PAC						
Full Name (Last, First, Middle Initial)				Data of Dishamanant		
LAV SERVICES LLC				Date of Disbursement		
Mailing Address 1009 WHITNEY RANCH DR				03 27 2024		
City HENDERSON	State NV	Zip Code 89014		FEC Identification Number		
Purpose of Disbursement	1	03014		С		
PHONEBANK PAYROLL SERVICES			003	Transaction ID : SB21B-98554		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburs	sement For:		Туре	1599.29		
Senate	Primary	General		,		
President	Other (specif	y) <b>▼</b>		invoice unpaid by close  Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
MPS BILLING				M M / D D / Y Y Y Y		
Mailing Address 8500 GOVERNORS HILL DR				03 11 2024		
City	State OH	Zip Code 45249		FEC Identification Number		
CINCINNATI Purpose of Disbursement	OH	45249		C		
CREDIT CARD PROCESSING			003			
Candidate Name		'	Category/	Transaction ID : SB21B-98550 Amount of Each Disbursement this Period		
Office Sought: House Dishure	amont For		Туре	21.45		
Office Sought: House Disburs Senate	ement For:	General		21.40		
President	Other (specif			n		
State: District:		,		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
MPS BILLING						
Mailing Address 8500 GOVERNORS HILL DR				03 11 2024		
City		Zip Code		FEC Identification Number		
CINCINNATI	ОН	45249				
Purpose of Disbursement		1	003	C		
CREDIT CARD PROCESSING  Candidate Name	Category/	Transaction ID: SB21B-98551  Amount of Each Disbursement this Period				
			Type			
	sement For:			87.40		
Senate President	Primary Other (specif	General				
State: District:	Other (specif	y) <b>▼</b>		Memo Item		
				100.05		
SUBTOTAL of Disbursements This Page (optional)	)		······	108.85		
TOTAL This Period (last page this line number on	lv)					

	CHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)	FOR LINE			
Ι <b>Τ</b> Ι	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one)  22		
	y information copied from such Reports and Staten for commercial purposes, other than using the name						
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	AUTISM HEAR US NOW PAC						
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
Λ.	RALLYPAY				M M / D D / Y Y Y Y		
	Mailing Address 995 MARKET STREET FLOOR 2				03 31 2024		
	City SAN FRANCISO	State CA	Zip Code 94103		FEC Identification Number		
	Purpose of Disbursement				C		
	COMBINED 'OFF THE TOP' CREDIT CARD CHAR	RGEBACKS		003			
	Candidate Name			Category/	Transaction ID: SB21B-98595  Amount of Each Disbursement this Period		
	Office Coughts			Type	29.00		
	Office Sought: House Disburser Senate	nent For: Primary	General		25.00		
	President	Other (spec			Memo Item		
	State: District:						
Ь	Full Name (Last, First, Middle Initial)				Data of Bishoon and		
B.	RALLYPAY				Date of Disbursement		
	Mailing Address 995 MARKET STREET FLOOR 2				03 31 2024		
	City State Zip Co SAN FRANCISO CA 9410				FEC Identification Number		
	Purpose of Disbursement		000		C		
	COMBINED 'OFF THE TOP' CC TRANSACTION F	EES MAR		003	Transaction ID : SB21B-98595 Amount of Each Disbursement this Period		
	Candidate Name			Category/ Type			
	Office Sought: House Disbursen	nent For:			1126.32		
	Senate	Primary	General				
	State: President District:	Other (spec	cify)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	REGUS				Date of Disbursement		
	Mailing Address ONE WESTBROOK CORPORATE SUITE 300	CENTER			03 21 2024		
	City	State	Zip Code		FEC Identification Number		
	WESTCHESTER Purpose of Disbursement	IL	60154		0		
	RENT EXPENSE			001	C		
	Candidate Name  Category. Type				Transaction ID : SB21B-98551 Amount of Each Disbursement this Period		
	Office Sought: House Disburser	nent For:		1990	93.00		
	Senate	Primary	General		4 4		
	President	Other (spec	cify) 🔻		Memo Item		
	State: District:						
H	State: District:  UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)				1248.32		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 17 OF 4			
ITEMIZED DISBURSEMENTS	Use separate sche for each category		(check only	one)			
	Detailed Summary		X 21b	22 23 26 27			
[			28a	28b 28c 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)		., p					
AUTISM HEAR US NOW PAC							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
A. STANDARD DATA SERVICES LLC				M M / D D / Y Y Y Y			
Mailing Address 513 MILL AVE SE SUITE 206				03 01 2024			
	State Zip Cod	le		FEC Identification Number			
NEW PHILADELPHIA	OH 44663			FEC Identification Number			
Purpose of Disbursement	·	Г	000				
CAGING AND DATABASE SERVICES Candidate Name			003	Transaction ID : SB21B-98556			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:		Турс	698.40			
Senate	Primary Ge	neral		7 7 4			
President	Other (specify) ▼			Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)				Date of Disbursement			
B. STANDARD DATA SERVICES LL	.C			M M / D D / Y Y Y Y			
Mailing Address 513 MILL AVE SE SUITE 206							
,	State Zip Cod			FEC Identification Number			
NEW PHILADELPHIA Purpose of Disbursement	OH 44663						
CAGING AND DATABASE SERVICES		П	003	Transaction ID : SB21B-98554 Amount of Each Disbursement this Period			
Candidate Name			Category/				
			Type				
Office Sought: House Disburser	ment For:			2280.98			
Senate	,	neral					
President State: District:	Other (specify)			Memo Item			
Full Name (Last, First, Middle Initial)							
C. STANDARD DATA SERVICES LL	С			Date of Disbursement			
Mailing Address 513 MILL AVE SE SUITE 206				03 13 2024			
	State Zip Cod	le		FEC Identification Number			
NEW PHILADELPHIA	OH 44663						
Purpose of Disbursement  CAGING AND DATABASE SERVICES		lг	003	C			
Candidate Name				Transaction ID : SB21B-98554			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursement For:				1267.04			
Senate							
President Pietriet:	Other (specify) ▼			Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)				4246.42			
COSTOTAL OF DISDUISEMENTS THIS Fage (optional)			·····				
TOTAL This Period (last page this line number only)	)			1			

	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE I			
	EMIZED DISBURSEMENTS	for each of	category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c 29 30b		
	y information copied from such Reports and Staten for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
$\rangle$	AUTISM HEAR US NOW PAC						
_	Full Name (Last, First, Middle Initial)				Data of Dishamanant		
Α.	STANDARD DATA SERVICES LLC		Date of Disbursement				
	Mailing Address 513 MILL AVE SE SUITE 206	24-4-	7:- O- d-		03 20 2024		
	NEW PHILADELPHIA	State OH	Zip Code 44663		FEC Identification Number		
	Purpose of Disbursement			002			
	CAGING AND DATABASE SERVICES Candidate Name			003	Transaction ID : SB21B-98555		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disbursen	nent For:		Туре	1465.62		
		Primary	General		4 4		
	President State: District:	Other (spec	ify) ▼		Memo Item		
_	Full Name (Last, First, Middle Initial)						
В.	UNITED STATES TREASURY				Date of Disbursement		
	Mailing Address 1500 PENNSYLVANIA AVENUE NW				03 15 2024		
	City SWASHINGTON S	State Zip Code 20003			FEC Identification Number		
	Purpose of Disbursement				С		
	TAXES			001	Transaction ID : SB21B-98552		
	Candidate Name		,	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disbursen				917.50		
		Primary	General				
	State: President District:	Other (spec	ну)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	USPS				Date of Disbursement		
	Mailing Address 45 E. CROSS ST.				03 01 7 2024		
		State	Zip Code		FEC Identification Number		
	SUGAR GROVE Purpose of Disbursement	IL	60554				
	SHIPPING			001	C C C C C C C C C C C C C C C C C C C		
	Candidate Name	Category/ Type	Transaction ID: SB21B-98551 Amount of Each Disbursement this Period				
	Office Sought: House Disbursen	nent For:	I		67.10		
		Primary	General				
	President	Other (spec	eify) ▼		Memo Item		
_	State: District:				_		
s	UBTOTAL of Disbursements This Page (optional)			······•	2450.22		
т	OTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		rate schedule(s) category of the	FOR LINE (check only	
			Summary Page	28a	28b 28c 29 30b
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may n	not be sold or used ess of any politica	d by any person I committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	AUTISM HEAR US NOW PAC				
Δ	Full Name (Last, First, Middle Initial)				Date of Dishursement
Α.	USPS				Date of Disbursement
	Mailing Address 45 E. CROSS ST.				03 08 2024
	SUGAR GROVE	State IL	Zip Code 60554		FEC Identification Number
	Purpose of Disbursement SHIPPING		l I	001	C
	Candidate Name				Transaction ID : SB21B-98551  Amount of Each Disbursement this Period
				Category/ Type	
	Office Sought: House Disburser				67.10
	Senate President	Primary Other (spec	General		
	State: District:	Other (sheet	,y) <b>▼</b>		Memo Item
	Full Name (Last, First, Middle Initial)				
B.	USPS				Date of Disbursement
	Mailing Address 45 E. CROSS ST.		03 15 2024		
	City SUGAR GROVE	State IL	Zip Code 60554		FEC Identification Number
	Purpose of Disbursement	12 00004			C
	SHIPPING			001	Transaction ID : SB21B-98552
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser				67.10
	Senate   President	Primary Other (spec	General		
	State: District:	J.1.01 (3p30			Memo Item
	Full Name (Last, First, Middle Initial)				
C.	USPS				Date of Disbursement
	Mailing Address 45 E. CROSS ST.				03 22 7 2024
	-	State	Zip Code		FEC Identification Number
	SUGAR GROVE Purpose of Disbursement	IL	60554		
	SHIPPING		- 1	001	C
	Candidate Name	Category/ Type	Transaction ID : SB21B-98552 Amount of Each Disbursement this Period		
	Office Sought: House Disburser	ment For:		715-5	67.10
	Senate	Primary	General		
	State: President State:	Other (spec	cify) 🔻		Memo Item
_	State. District.				
┢	UBTOTAL of Disbursements This Page (optional)				201.30
Т	OTAL This Period (last page this line number only)				, ,

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SCHEDULE B (FEC Form 3X)	Llaa aan	parata ashadula(a)	FOR LINE	NUMBER:				
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	I ` ·	(check only one)		26	27	
	Detailed	Summary Page	28a	28b	23 28c	29	30b	
Any information copied from such Reports and State								
or for commercial purposes, other than using the na	me and add	dress of any politic	al committee to	solicit con	tributions	from suc	h committee.	
NAME OF COMMITTEE (In Full)								
AUTISM HEAR US NOW PAC								
Full Name (Last, First, Middle Initial)  A. LICES				Date of	Disburse	ment		
A. USPS				M M	/ D		YYY	
Mailing Address 45 E. CROSS ST.				03	2	9	2024	
City	State	Zip Code		FEC Ide	entification	Number		
SUGAR GROVE Purpose of Disbursement	IL	60554						
SHIPPING			001	C				
Candidate Name						ID : SB21		
Canadate Name			Category/ Type	Amount	of Each	Disbursen	nent this Period	
Office Sought: House Disburse	ement For:			1 L	95.1		67.10	
Senate	Primary	General						
State: President State:	Other (spe	ecny) 🔻		Mer	no Item			
Full Name (Last, First, Middle Initial)								
B. WIRED4DATA				Date of	Disburse		- Y - Y - Y	
Mailing Address 55 LAKE HAVASU AVE SOUTH	Mailing Address 55 LAKE HAVASU AVE SOUTH F-677					03 01 2024		
City	y State Zip Code			EEC Ide	ntification	Numbor		
LAKE HAVASU					minication	Number		
·	Purpose of Disbursement PHONEBANK IT/TECH SUPPORT  Output  Out					C		
Candidate Name						Transaction ID : SB21B-98556		
Caradate Name			Category/ Type	Amount of Each Disbursement this Period			nent this Period	
Office Sought: House Disburse	ement For:		.,,,,				1845.81	
Senate	Primary	General		4-1-4-1-4-1				
President State: District:	Other (spe	ecify)		Mer	no Item			
Full Name (Last, First, Middle Initial)								
c. WIRED4DATA					Disburse		YYY	
Mailing Address 55 LAKE HAVASU AVE SOUTH	F-677			03	Ö		2024	
City	State	Zip Code		EEC 14	ntification	Number		
LAKE HAVASU	AZ	86403			minication	i ivulliDel		
Purpose of Disbursement PHONEBANK IT/TECH SUPPORT			003			ID 0001		
Candidate Name			Category/			ID: SB21 Disbursen	nent this Period	
Type							6028.32	
Office Sought: House Disburse Senate	ement For:	Conoral			7-1		0020.32	
President	Other (spe	General						
State: District:	J Other (spe	<b>∪</b>		Mer	no Item			
SUBTOTAL of Disbursements This Page (optional)						1 20	7941.23	
				_	,	,		
TOTAL This Period (last page this line number only	v)							

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name	ne and address of any polit	icai committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
AUTISM HEAR US NOW PAC					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
<sup>A.</sup> WIRED4DATA			Man / D.D. / Y.Y.Y.Y.Y.		
Mailing Address 55 LAKE HAVASU AVE SOUTH F-	-677		03 13 2024		
,	State Zip Code		FEC Identification Number		
LAKE HAVASU	AZ 86403				
Purpose of Disbursement		003			
PHONEBANK IT/TECH SUPPORT		003	Transaction ID : SB21B-98555		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:	1,700	3348.60		
Senate	Primary General				
President  State: District:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
B. WIRED4DATA			Date of Disbursement		
Mailing Address 55 LAKE HAVASU AVE SOUTH F	: 677		03 20 2024		
		20 20 2027			
,	State Zip Code		FEC Identification Number		
LAKE HAVASU	AZ 86403				
Purpose of Disbursement		003	C		
PHONEBANK IT/TECH SUPPORT Candidate Name		003	Transaction ID : SB21B-98555		
Cardidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For:	1,700	3572.42		
Senate	Primary General		4 4		
President	Other (specify)		Maria Barr		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
WIX.COM			Mam / Dad / Yayayay		
Mailing Address 225 W. 39TH STREET			03 06 2024		
City	State Zip Code		FEC Identification Number		
NEW YORK	NY 10018				
Purpose of Disbursement		003	C Transaction ID : SB21B-98552		
Candidate Name	Candidate Name Category				
Office Sought: House Disburser	ment For:	Туре	324.00		
	Primary General		4 4		
President	Other (specify)		П.,		
State: District:	₹1 3/ <del>†</del>		Memo Item		
OUDTOTAL (D) L TI D ( ) TI D			7245.02		
SUBTOTAL of Disbursements This Page (optional)		·····•	1243.02		
TOTAL This Period (last page this line number only)			41325.07		
( pg)					

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE 22 OF 47 FOR LINE NUMBER: (check only one)

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X	10

NAME OF COMMITTEE (In Full)

AUTISM	HFAR	US NO'	W PAC

AUTISM HEAR US NOW PAC			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
CLOUD DATA SERVICES	LEADS / PHONE LISTS		
Mailing Address 1009 WHITNEY RANCH DR			
City State Zip Code HENDERSON NV 89014			
Outstanding Balance Beginning This Period		·	Transaction ID : SD10-1593067
3094.10			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
3341.78	· · · · ·	3094.10	3341.78
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of Debt (Purpose):
LAV SERVICES LLC			PHONEBANK PAYROLL SERVICES
Mailing Address 1009 WHITNEY RANCH DR.			_
City HENDERSON	State NV	Zip Code 89014	
	INV	09014	
Outstanding Balance Beginning This Period 2939.41			Transaction ID: SD10-1593071
Amount Incurred This Period	Outstanding Balance at Close of This Period		
3174.70	<u> </u>	2939.41	3174.70
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
STANDARD DATA SERVICES I	LLC		CAGING AND DATABASE SERVICES
Mailing Address 513 MILL AVE SE SUITE 206			
City NEW PHILADELPHIA	State OH	Zip Code 44663	
Outstanding Balance Beginning This Period			Transaction ID : SD10-1593065
2165.88			
Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of This Period
1302.28	<u> </u>	2165.88	1302.28
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	7818.76
TOTALS This Period (last page this line number of			
TOTAL OUTSTANDING LOANS from Schedule C			
ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only) ▶	

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

9 **X** 10

OF

23

47

NAME OF COMMITTEE (In Full) AUTISM HEAR US NOW PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PHONEBANK IT/TECH SUPPORT WIRED4DATA Mailing Address 55 LAKE HAVASU AVE SOUTH F-677 State Zip Code LAKE HAVASU CITY ΑZ 86403 Transaction ID: SD10-1593069 Outstanding Balance Beginning This Period 5724.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5724.10 3293.52 3293.52 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 3293.52 1) SUBTOTALS This Period This Page (optional)..... 11112.28 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 11112.28 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
CLOUD DATA SERVICES		_		M M / D D / Y Y Y Y
INVOICE DID NOT CLEAR BANK BEFORE CLOSE  Mailing Address 1009 WHITNEY RANCH DR.	: OF BOOKS			03 21 2024
1009 WHITNEY RANCH DR.			Am	ount
City	State	Zip Code	$ +$ $\Gamma$	414.58
HENDERSON	NV	89014		ansaction ID : SE-S1597525
Purpose of Expenditure		Cotogony	Da	te of Disbursement or Obligation
LEADS/PHONE LISTS		Category/ Type		
Name of Federal Candidate:		Support	Office So	ught: X House District: 04
SMITH, CHRIS, , ,		Oppose	Pre	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	9793.33	Disbursen 2024	nent For:
Full Name of Payee		<b>X</b> Memo	Item Da	te of Public Distribution/Dissemination
CLOUD DATA SERVICES				03 / D D / Y Y Y Y Y 2024
INVOICE DID NOT CLEAR BANK BEFORE CLOSE Mailing Address 1009 WHITNEY RANCH DR.	: OF BOOKS			05 21 2024
1000 WHINE TO HOLD IN			Am	ount
City	State	Zip Code		414.58
HENDERSON	NV	89014		ansaction ID : SE-S1597527 te of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
LEADS/PHONE LISTS		Type 004		
Name of Federal Candidate:		X Support	Office So	ught: X House District:07
SEWELL, TERRI, , ,		Oppose	Pre	sident Senate State: AL
Calendar Year-To-Date		F040.07	Disburser	nent For: Primary General
Per Election for Office Sought	7	5949.97	2024	Other (specify) ▶Runoff
(a) SUBTOTAL of Itemized Independent Expenditures .  (b) SUBTOTAL of Unitemized Independent Expenditure			, F	0.00
				, , , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
CAPPLEMAN, OLIVER, , MR,			M = M	/ D D / Y Y Y Y Y
Signature		_ Date	9 03	21 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				
				C C00671685
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✓ Memo	Item Da	te of Public Distribution/Dissemination
CLOUD DATA SERVICES	- 0- D00//0			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.	E OF BOOKS			03 28 2024
1000 WHITE I TOWN OF BIX.			Am	nount
City	State	Zip Code		414.58
HENDERSON	NV	89014	I	ansaction ID : SE-S1597653
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
LEADS / PHONE LISTS(ESTIMATE)		Type		
Name of Federal Candidate:			Office So	ught: X House District: 04
SMITH, CHRIS, , ,		Oppose		sident Senate State: NJ
Colondor Voca To Doto			Disburser	
Calendar Year-To-Date Per Election for Office Sought		9793.33	2024	Other (specify)
Full Name of Payee		× Memo	Item Da	te of Public Distribution/Dissemination
CLOUD DATA SERVICES		X Wellio	item   Ba	
INVOICE DID NOT CLEAR BANK BEFORE CLOS Mailing Address 1000 WILLIAM BANCH DR	E OF BOOKS			03 / 28 / 2024
1009 WHITNEY RANCH DR.			Am	nount
City	State	Zip Code	— г	414.58
HENDERSON	NV	89014	Tr	ansaction ID : SE-S1597655
Purpose of Expenditure			Da	te of Disbursement or Obligation
LEADS / PHONE LISTS(ESTIMATE)		Category/ Type 004		M M / D D / Y Y Y
Name of Federal Candidate:		N. Oursens and	0111 0	ught: V House District: 07
SEWELL, TERRI, , ,		Support	Office So	ugitt
		Oppose		Siderit Seriale State.
Calendar Year-To-Date Per Election for Office Sought		5949.97	Disburser	_
Tot Election for Since Googni	7 7		X	Other (specify) ▶Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	roc		. [	
(b) SOBTOTAL OF Officernized independent Expenditure	162		•	
(c) TOTAL Independent Expenditures				
Linday papality of paying Laguith, that the independent	ent ovnondituros	reported berein were	not mode	in accounting consultation or concert
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate.	ate or authorized			
party committee) any political party committee or its	agent.			
			M	/ D D / Y Y Y Y
CAPPLEMAN, OLIVER, , MR,		_ Date	03	28 2024
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
AUTISM HEAR US NOW PAC				FEC IDENTIFICATION NUMBER ▼
, to Hollin Lexit do Holl Title				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
CLOUD DATA SERVICES				02 / 29 / 2024
Mailing Address 1009 WHITNEY RANCH DR.			Amou	nt
City	State	Zip Code	─   [ ]	802.48
HENDERSON	NV	89014		action ID : SE-S1585565 of Disbursement or Obligation
Purpose of Expenditure  LEADS/PHONE LISTS		Category/ Type		03 06 2024
Name of Federal Candidate:		Support	Office Sough	nt: X House District: 04
SMITH, CHRIS, , ,		Oppose	Preside	NI I
Calendar Year-To-Date Per Election for Office Sought	7 1 7	5602.92	Disbursemen 2024	nt For:
Full Name of Payee		Memo		of Public Distribution/Dissemination
CLOUD DATA SERVICES				02 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1000 WHITNEY BANCLIER			L	02 29 2024
1009 WHITNEY RANCH DR.			Amou	nt
City	State	Zip Code	$-\Gamma$	802.48
HENDERSON	NV	89014		saction ID : SE-S1585567 of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		03 06 7 2024
LEADS/PHONE LISTS		Type 004		
Name of Federal Candidate:		X Support	Office Sough	
SEWELL, TERRI, , ,		Oppose	Preside	ent Senate State: AL
Calendar Year-To-Date		4716.86	Disbursemen	nt For: X Primary General
Per Election for Office Sought	7-1-1-7-	47 10.00	2024 c	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [	1604.96
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 02	29 / 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
CLOUD DATA SERVICES				03 07 7 2024
Mailing Address 1009 WHITNEY RANCH DR.				Amount
City	State	Zip Code		445.76
HENDERSON	NV	89014		Transaction ID : SE-S1587261
Purpose of Expenditure LEADS/PHONE LISTS		Category/ Type		Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:			Office	Sought: X House District: 04
SMITH, CHRIS, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date				sement For:
Per Election for Office Sought	, , ,	7608.84	2024	Other (specify)
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
CLOUD DATA SERVICES				M M / D D / Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.				03 07 2024
1009 WHITNET KANGITEK.				Amount
City	State	Zip Code		445.76
HENDERSON	NV	89014		Transaction ID : SE-S1587263 Date of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y Y
LEADS/PHONE LISTS		Type 004		03 13 2024
Name of Federal Candidate:		X Support	Office	Sought: X House District:07
SEWELL, TERRI, , ,		Oppose		President Senate State: AL
Calendar Year-To-Date		2005.02	1	sement For: Primary General
Per Election for Office Sought	7 7	2005.92	2024	Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			, I	891.52
(b) 305101AL of Officernized independent Experiation	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
CADDIEMAN OINED MD			M	M / D D / Y Y Y Y
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 03	07 2024

TEMIZED INDEFENDENT EXPENDITORES			PAGE 28 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC			C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee CLOUD DATA SERVICES		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1009 WHITNEY RANCH DR.			03 14 2024 Amount
			Amount
City	State	Zip Code	496.29
HENDERSON	NV	89014	Transaction ID : SE-S1597029  Date of Disbursement or Obligation
Purpose of Expenditure LEADS/PHONE LISTS		Category/ Type	03 / 20 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:  House District: 04
SMITH, CHRIS, , ,		Oppose	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	8984.90	Disbursement For:
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
CLOUD DATA SERVICES			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.			Amount
City HENDERSON	State	Zip Code	496.29 Transaction ID : SE-S1597031
	NV	89014	Date of Disbursement or Obligation
Purpose of Expenditure  LEADS/PHONE LISTS		Category/ Type 004	1 03 / D D / Y Y 2024
Name of Federal Candidate:		Support	Office Sought:  House District: 07
SEWELL, TERRI, , ,		Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 7	5141.54	Disbursement For: ☐ Primary ☐ General 2024 ☐ Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 992.58
(h) CUDTOTAL of Unitersined Independent Funcantition			
(b) SUBTOTAL of Unitemized Independent Expenditure	es		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•	
CAPPLEMAN, OLIVER, , MR,		D-1-	e 03 14 2024
Signature		_ Date	e 03 14 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
AUTISM HEAR US NOW PAC				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW FAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
CLOUD DATA SERVICES				02 22 2024
Mailing Address 1009 WHITNEY RANCH DR.			An	nount
City	State	Zip Code	<u> —</u> Г	245.71
HENDERSON	NV	89014	I .	ansaction ID : SE-S1585437 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y
LEADS / PHONE LISTS		Type		03 20 2024
Name of Federal Candidate:		X Support	Office Sc	ought: House District: 04
SMITH, CHRIS, , ,		Oppose	Pre	esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1991.75	Disburser 2024	ment For:
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
CLOUD DATA SERVICES		_ weme		
Mailing Address 4000 WHITNEY BANCH DR				02 / 22 / 2024
1009 WHITNEY RANCH DR.			An	nount
City	State	Zip Code		245.71
HENDERSON	NV	89014		ransaction ID : SE-S1585439 ate of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		03 20 7 2024
LEADS / PHONE LISTS		Туре		
Name of Federal Candidate:		Support	Office Sc	· ·
SEWELL, TERRI, , ,		Oppose	Pre	esident Senate State: AL
Calendar Year-To-Date		1105.69		ment For:  Primary  General
Per Election for Office Sought	7 7	1100.00	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	491.42
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	02	22 2024

PAGE 30 OF 47 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ AUTISM HEAR US NOW PAC C00671685 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item LAV SERVICES LLC 21 2024 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 1009 WHITNEY RANCH DR. Amount City Zip Code 393.85 State **HENDERSON** NV 89014 Transaction ID: SE-S1597533 Date of Disbursement or Obligation Purpose of Expenditure Category/ PHONEBANK PAYROLL SERVICES Type Name of Federal Candidate: 04 Support Office Sought: X House District: SMITH, CHRIS, , , NJ Oppose President State: Senate Disbursement For: Primary General Calendar Year-To-Date 9793.33 2024 Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee × Memo Item LAV SERVICES LLC 2024 21 03 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 1009 WHITNEY RANCH DR. Amount 393.85 City State Zip Code **HENDERSON** Transaction ID: SE-S1597535 NV 89014 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 PHONEBANK PAYROLL SERVICES Type Name of Federal Candidate: 07 X Support X House Office Sought: District: SEWELL, TERRI, , , ΑL Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date 5949.97 2024 Per Election for Office Sought Runoff X Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. CAPPLEMAN, OLIVER, , MR, 2024 21 03 Date Signature

PAGE 31 OF 47 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ AUTISM HEAR US NOW PAC C00671685 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item LAV SERVICES LLC 28 2024 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 1009 WHITNEY RANCH DR. Amount City Zip Code 393.86 State **HENDERSON** NV 89014 Transaction ID: SE-S1597661 Date of Disbursement or Obligation Purpose of Expenditure Category/ PHONEBANK PAYROLL SERVICES(ESTIMATE) Type Name of Federal Candidate: 04 Support Office Sought: X House District: SMITH, CHRIS, , , NJ Oppose President State: Senate Disbursement For: Primary General Calendar Year-To-Date 9793.33 2024 Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee × Memo Item LAV SERVICES LLC 2024 28 03 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 1009 WHITNEY RANCH DR. Amount 393.85 City State Zip Code **HENDERSON** Transaction ID: SE-S1597663 NV 89014 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 PHONEBANK PAYROLL SERVICES(ESTIMATE) Type Name of Federal Candidate: 07 X Support X House Office Sought: District: SEWELL, TERRI, , , ΑL Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date 5949.97 2024 Per Election for Office Sought Runoff Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. CAPPLEMAN, OLIVER, , MR, 2024 28 03 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
AUTISM HEAR US NOW PAC				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
LAV SERVICES LLC				02 29 7 2024
Mailing Address 1009 WHITNEY RANCH DR.			Ar	nount
City	State	Zip Code	<u> —</u> Г	762.36
HENDERSON	NV	89014		ansaction ID : SE-S1585573 ate of Disbursement or Obligation
Purpose of Expenditure PHONEBANK PAYROLL SERVICES		Category/ Type		03 / 06 / 2024
Name of Federal Candidate:			Office Sc	ought: X House District: 04
SMITH, CHRIS, , ,		Oppose	Office So	bught:
Calendar Year-To-Date Per Election for Office Sought		5602.92	Disburse 2024	ment For:
	,			Other (specify) ▶
Full Name of Payee LAV SERVICES LLC		∐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 4000 WHITNEY DANIGH DR				02 29 2024
1009 WHITNEY RANCH DR.			Ar	nount
City	State	Zip Code		762.36
HENDERSON	NV	89014		ransaction ID : SE-S1585575 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
PHONEBANK PAYROLL SERVICES		Type 004		03 06 2024
Name of Federal Candidate:		X Support	Office Sc	ought: X House District:07
SEWELL, TERRI, , ,		Oppose	Pre	esident Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		4716.86	Disburse	ment For: X Primary General
rei Liettion for Office Sought	7			Other (specify) ▶
				150/70
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	1524.72
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			<b>.</b> [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , MR,		D-1-	M = M 02	29 2024
Signature		_ Date	, 02	20 2027

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LAV SERVICES LLC				03 07 2024
Mailing Address 1009 WHITNEY RANCH DR.				Amount
City	State	Zip Code		423.47
HENDERSON	NV	89014	I	Transaction ID : SE-S1587269
Purpose of Expenditure		Catagony		Date of Disbursement or Obligation
PHONEBANK PAYROLL SERVICES		Category/ Type		03 13 2024
Name of Federal Candidate:		X Support	Office	Sought: X House District: 04
SMITH, CHRIS, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date		7000.04	1	sement For: Primary General
Per Election for Office Sought	7 7	7608.84	2024	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LAV SERVICES LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.				
				Amount
City	State	Zip Code		423.47
HENDERSON	NV	89014		<b>Transaction ID : SE-S1587271</b> Date of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		03 13 2024
PHONEBANK PAYROLL SERVICES		Type 004		60 10 2021
Name of Federal Candidate:		X Support	Office	Sought: House District:07
SEWELL, TERRI, , ,		Oppose		President Senate State: AL
Calendar Year-To-Date		2005.92	2024	sement For: Primary General
Per Election for Office Sought	7 7		2024	Other (specify) ►Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			. 🕨	846.94
(1) OUDTOTAL (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(b) SUBTOTAL of Unitemized Independent Expenditu	res			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(c) TOTAL Independent Expenditures				
				7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , MR,		5 .	M = 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 03	07 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on Mam / Dad / Yayayay
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LAV SERVICES LLC				03 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.				Amount
City	State	Zip Code		518.84
HENDERSON	NV	89014		Transaction ID : SE-S1597037 Date of Disbursement or Obligation
Purpose of Expenditure PHONEBANK PAYROLL SERVICES		Category/ Type		03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:			Office	Sought: X House District: 04
SMITH, CHRIS, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date				rsement For: Primary General
Per Election for Office Sought	7-1-1-7-	8984.90	2024	Other (specify)
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LAV SERVICES LLC				M M / D D / Y Y Y
Mailing Address				03 14 2024
1009 WHITNEY RANCH DR.				Amount
City	State	Zip Code		518.84
HENDERSON	NV	89014		Transaction ID : SE-S1597039 Date of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y Y
PHONEBANK PAYROLL SERVICES		Type 004		03 20 2024
Name of Federal Candidate:		X Support	Office	Sought:  Mouse District: 07
SEWELL, TERRI, , ,		Oppose		President Senate State: AL
Calendar Year-To-Date		5444.54	Disbui	sement For: Primary General
Per Election for Office Sought	7-1-1-5-	5141.54	2024	Other (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures				1037.68
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , MR,			M	M / D D / Y Y Y Y
Signature		_ Date	9 03	14 2024

TEMIZED INDEPENDENT EXPENDITORES				PAGE 35 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
LAV SERVICES LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.				02 22 2024
1003 WITHET KANOFI DIX.			Amo	unt
City	State	Zip Code		233.42
HENDERSON	NV	89014		saction ID : SE-S1585445 of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
PHONEBANK PAYROLL SERVICES		Type	_     L	03 20 2024
Name of Federal Candidate:		X Support	Office Soug	ht: X House District:04
SMITH, CHRIS, , ,		Oppose	Presid	dent Senate State: NJ
Calendar Year-To-Date		1991.75	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7	1331.73		Other (specify) ▶
Full Name of Payee LAV SERVICES LLC		☐ Memo	Item Date	of Public Distribution/Dissemination
LAV SERVICES LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1009 WHITNEY RANCH DR.			Amo	unt
			AIIIO	
City	State	Zip Code		233.42
HENDERSON	NV	89014		nsaction ID : SE-S1585447 of Disbursement or Obligation
Purpose of Expenditure  PHONEBANK PAYROLL SERVICES		Category/ 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 004		
Name of Federal Candidate:		Support	Office Soug	
SEWELL, TERRI, , ,		Oppose	Presid	dent Senate State: AL
Calendar Year-To-Date		1105.69	Disburseme	nt For: Primary General
Per Election for Office Sought	1 1		2024	Other (specify)
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			· • L.	466.84
(b) SUBTOTAL of Unitemized Independent Expenditur	·29			
(b) GOD TO TAL OF OTHER MEDICAL MASPERIAL EXPONENTIAL	00			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
CARRIEMAN OF THE AM			M M /	D D / Y Y Y Y
CAPPLEMAN, OLIVER, , MR, Signature		Date	9 02	22 2024

PAGE 36 OF 47 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ AUTISM HEAR US NOW PAC C00671685 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item STANDARD DATA SERVICES LLC 21 2024 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 513 MILL AVE SE Amount SUITE 206 City Zip Code 360.93 State **NEW PHILADELPHIA**  $\mathsf{OH}$ 44663 Transaction ID: SE-S1597529 Date of Disbursement or Obligation Purpose of Expenditure Category/ CAGING AND DATABASE SERVICES(ESTIMATE) Type Name of Federal Candidate: 04 Support Office Sought: X House District: SMITH, CHRIS, , , NJ Oppose President State: Senate Disbursement For: Primary General Calendar Year-To-Date 9793.33 2024 Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee × Memo Item STANDARD DATA SERVICES LLC 2024 21 03 INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS Mailing Address 513 MILL AVE SE Amount SUITE 206 360.93 City State Zip Code **NEW PHILADELPHIA** Transaction ID: SE-S1597531 OH 44663 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 CAGING AND DATABASE SERVICES(ESTIMATE) Type Name of Federal Candidate: 07 X Support X House Office Sought: District: SEWELL, TERRI, , , ΑL Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date 5949.97 2024 Per Election for Office Sought Runoff Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. CAPPLEMAN, OLIVER, , MR, 2024 21 03 Date Signature

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
				G cost icc
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		▼ Memo	Item D	Pate of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC  INVOICE DID NOT CLEAR BANK BEFORE CLOSI	OF BOOKS			03 28 Y 2024
Mailing Address 513 MILL AVE SE				
SUITE 206			A	mount
City	State	Zip Code		290.21
NEW PHILADELPHIA	ОН	44663		ransaction ID : SE-S1597657 Pate of Disbursement or Obligation
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y
CAGING AND DATABASE SERVICES(ESTIMATE)		Type		
Name of Federal Candidate:		X Support	Office S	lought: House District: 04
SMITH, CHRIS, , ,		Oppose	Pi	resident Senate State: NJ
Calendar Year-To-Date		'		ement For: X Primary General
Per Election for Office Sought	7	9793.33	2024	Other (specify) ▶
Full Name of Payee		× Memo	Item D	ate of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC	- 05 5001/0			03
Mailing Address 513 MILL AVE SE	E OF BOOKS			55 25 252
SUITE 206			A	mount
City	State	Zip Code		290.21
NEW PHILADELPHIA	ОН	44663		Fransaction ID: SE-S1597659 Pate of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M = M / D = D / Y = Y = Y
CAGING AND DATABASE SERVICES(ESTIMATE	Ξ)	Type 004		
Name of Federal Candidate:		Support	Office S	ought: X House District: 07
SEWELL, TERRI, , ,		Oppose	PI	resident Senate State: AL
Calendar Year-To-Date		5040.07	Disburse	ement For: Primary General
Per Election for Office Sought	7	5949.97	2024	✓ Other (specify) ►Runoff
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • L	
()				
(c) TOTAL Independent Expenditures			· • L	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate				
party committee) any political party committee or its		ŭ		
			NA **	/ D D / Y Y Y Y Y
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	e 03	28 2024
Gignature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				
,				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC				02 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 513 MILL AVE SE				
SUITE 206			Ai	mount
City	State	Zip Code		561.74
NEW PHILADELPHIA	ОН	44663	I	ransaction ID : SE-S1585569 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
CAGING AND DATABASE SERVICES		Type		03 06 2024
Name of Federal Candidate:		X Support	Office So	ought: House District: 04
SMITH, CHRIS, , ,		Oppose	Pre	esident Senate State: NJ
Calendar Year-To-Date		5602.92		ment For:  Primary  General
Per Election for Office Sought	7 1 7	3002.92	2024	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC				M M / D D / Y Y Y Y Y Y 2024
Mailing Address 513 MILL AVE SE				02 20 2024
SUITE 206			Ar	mount
City	State	Zip Code		561.74
NEW PHILADELPHIA	ОН	44663		ransaction ID : SE-S1585571 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M   M / D   D / Y   Y   Y   Y
CAGING AND DATABASE SERVICES		Type 004		03 06 2024
Name of Federal Candidate:		X Support	Office So	ought: X House District: 07
SEWELL, TERRI, , ,		Oppose	Pre	esident Senate State: AL
Calendar Year-To-Date		4740.00		ment For: X Primary General
Per Election for Office Sought	7-1-1-7-	4716.86	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1123.48
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CADDIEMAN OLIVED MD			M = M	/ D D / Y Y Y Y Y
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 02	29 2024

TEMELS INSELECTION EXICITION ONLS				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M M / D D / Y M Y M Y
Full Name of Payee STANDARD DATA SERVICES LLC		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 513 MILL AVE SE			[	03 / 07 / 2024
STS WILL AVE SE			Amo	unt
SUITE 206 City	State	Zip Code	-	312.03
NEW PHILADELPHIA	OH	44663	I	saction ID : SE-S1587265 of Disbursement or Obligation
Purpose of Expenditure CAGING AND DATABASE SERVICES		Category/ Type		M 03 / D D / Y Y Y Y Y 2024
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 04
SMITH, CHRIS, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	7608.84	Disburseme 2024	ent For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC			[	M 03 / D 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 513 MILL AVE SE			Amou	unt
SUITE 206				
City NEW PHILADELPHIA	State OH	Zip Code 44663		312.03  nsaction ID : SE-S1587267  of Disbursement or Obligation
Purpose of Expenditure CAGING AND DATABASE SERVICES		Category/ Type 004		M 03 / D D / Y Y Y Y Y Y 2024
Name of Federal Candidate:		X Support	Office Soug	yht: X House District: 07
SEWELL, TERRI, , ,		Oppose	President	Δ1
Calendar Year-To-Date Per Election for Office Sought	7	2005.92	Disburseme	ent For: ☐ Primary ☐ General  Other (specify) ▶Runoff
				Striet (specify)
(a) SUBTOTAL of Itemized Independent Expenditures.			· [	624.06
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>→</b> []	
(c) TOTAL Independent Expenditures			<b>•</b> [	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
CAPPLEMAN, OLIVER, , MR,		D-+-	M = M /	07
Signature		_ Date	. 03	2027

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				
				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC			[	M 03
Mailing Address 513 MILL AVE SE			Amo	unt
SUITE 206	04-4-	7:- 0-1-		200.03
NEW PHILADELPHIA	State	Zip Code 44663	Tran	360.93 saction ID : SE-S1597033
	OH	44000		of Disbursement or Obligation
Purpose of Expenditure CAGING AND DATABASE SERVICES		Category/ Type		03 / 20 / Y Y Y Y Y 2024
Name of Federal Candidate:		X Support	Office Soug	yht: X House District: 04
SMITH, CHRIS, , ,		Oppose	Presid	NI NI
Calendar Year-To-Date		8984.90	Disburseme	ent For: Reneral General
Per Election for Office Sought	7 1 7		2024	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
STANDARD DATA SERVICES LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 513 MILL AVE SE			A	
SUITE 206			Amo	uni
City	State	Zip Code		360.93
NEW PHILADELPHIA	OH	44663	I	of Disbursement or Obligation
Purpose of Expenditure		Category/ 004	7 I I	M M / D D / Y Y Y Y Y Y 2024
CAGING AND DATABASE SERVICES		Type 004		
Name of Federal Candidate:		Support	Office Soug	
SEWELL, TERRI, , ,		Oppose	Presid	dent Senate State: AL
Calendar Year-To-Date		5141.54	Disburseme	
Per Election for Office Sought	7 - 7 -		2024	Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			· [	721.86
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 03	14 / 2024

PAGE 41 OF 47 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ AUTISM HEAR US NOW PAC C00671685 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee STANDARD DATA SERVICES LLC 22 2024 Mailing Address 513 MILL AVE SE Amount SUITE 206 City State Zip Code 172.00 **NEW PHILADELPHIA**  $\mathsf{OH}$ 44663 Transaction ID: SE-S1585441 Date of Disbursement or Obligation Purpose of Expenditure Category/ CAGING AND DATABASE SERVICES 20 2024 Type Name of Federal Candidate: 04 Support Office Sought: X House District: SMITH, CHRIS, , , NJ Oppose President State: Senate Primary Disbursement For: General Calendar Year-To-Date 1991.75 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item STANDARD DATA SERVICES LLC 2024 Mailing Address 513 MILL AVE SE Amount SUITE 206 172.00 City State Zip Code Transaction ID: SE-S1585443 **NEW PHILADELPHIA** OH 44663 Date of Disbursement or Obligation Purpose of Expenditure Category/ 2024 004 20 CAGING AND DATABASE SERVICES Type Name of Federal Candidate: 07 X Support X House Office Sought: District: SEWELL, TERRI, , , ΑL Oppose President Senate State: **Y** Primary Disbursement For: General Calendar Year-To-Date 1105.69 2024 Per Election for Office Sought Other (specify) ▶ 344.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. CAPPLEMAN, OLIVER, , MR, 22 2024 02 Date Signature

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 42 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		X Memo	Item D	ate of Public Distribution/Dissemination
WIRED4DATA	0= 0001/0			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH	OF BOOKS			03 21 2024
F-677			A	mount
	State	Zip Code		879.78
LAKE HAVASU CITY	AZ	86403	I	ransaction ID : SE-S1597537 ate of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		X Support	Office S	ought: X House District: 04
SMITH, CHRIS, , ,		Oppose		esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		9793.33	Disburse 2024	ement For:
Full Name of Payee		X Memo	Item D	ate of Public Distribution/Dissemination
WIRED4DATA  INVOICE DID NOT CLEAR BANK BEFORE CLOSE	OF BOOKS			03 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH	0. 2000			
F-677				mount
	State	Zip Code		879.78
LAKE HAVASU CITY	AZ	86403		Transaction ID: SE-S1597539 ate of Disbursement or Obligation
Purpose of Expenditure  PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: X House District:07
SEWELL, TERRI, , ,		Oppose		esident Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		5949.97	0004	ement For: Primary General
Tel Election for emice edugite	7		2	Other (specify) ▶Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			. г	0.00
(a) SOBTOTAL OF Remized independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized	•		•
CAPPLEMAN, OLIVER, , MR,		_	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	9 03	21 2024

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M M / D D / Y M Y M Y
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
WIRED4DATA	0=5001/0			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
INVOICE DID NOT CLEAR BANK BEFORE CLOSE Mailing Address 55 LAKE HAVASU AVE SOUTH	OF BOOKS			03 20 2024
F-677			An	nount
	State	Zip Code		766.98
LAKE HAVASU CITY	AZ	86403		ansaction ID : SE-S1597665 te of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:			Office So	ught: X House District:04
SMITH, CHRIS, , ,		Oppose		sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, , ,	9793.33	Disburser 2024	nent For:
Full Name of Payee		<b>X</b> Memo	Item Da	te of Public Distribution/Dissemination
WIRED4DATA  INVOICE DID NOT CLEAR BANK BEFORE CLOSE	OF BOOKS			03 28 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nount
F-677				
	State	Zip Code		766.98 ransaction ID : SE-S1597667
LAKE HAVASU CITY	AZ	86403		te of Disbursement or Obligation
Purpose of Expenditure  PHONEBANK IT/TECH SUPPORT(ESTIMATE)		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: X House District: 07
SEWELL, TERRI, , ,		Oppose	Pre	sident Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		5949.97	Disburser	_ , _
Fer Election for Office Sought	1 1		X	Other (specify)  Runoff
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	S			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized	•		
CAPPLEMAN, OLIVER, , MR,		_	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	9 03	28 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 47 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				
, to now the first of the first state of the first				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
WIRED4DATA				02 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amo	
F-677			74110	
City	State	Zip Code		1484.59
LAKE HAVASU CITY	AZ	86403	I	nsaction ID : SE-S1585577 of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FITONEBANKTI/TEGIT SOFFORT		Type		30 2024
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 04
SMITH, CHRIS, , ,		Oppose	Presi	dent Senate State: NJ
Calendar Year-To-Date		5602.92	Disburseme	ent For: Primary General
Per Election for Office Sought	7 - 1 - 7 -		2024	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
WIRED4DATA				02 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH				
F-677			Amo	unt
City	State	Zip Code		1484.59
LAKE HAVASU CITY	AZ	86403	I	nsaction ID : SE-S1585579 of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Type 004	_	03 06 2024
Name of Federal Candidate:		X Support	Office Sou	ght: X House District:07
SEWELL, TERRI, , ,		Oppose	Presi	dent Senate State: AL
Calendar Year-To-Date		4716 96	Disburseme	ent For: X Primary General
Per Election for Office Sought	7-1-1-7-	4716.86	2024	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2969.18
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •   [	
			=	
(c) TOTAL Independent Expenditures			· • [	
				,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CAPPIEMAN OLIVER MP			M = M	DD / YTYTY
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	02	29 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
AUTISM HEAR US NOW PAC				FEC IDENTIFICATION NUMBER ▼
7.61.611.112711. 661.1611. 7.16				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M" / D "D / Y "Y "Y "Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
WIRED4DATA				03 / 07 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amou	nt
F-677				
City	State	Zip Code	-	824.66
LAKE HAVASU CITY	AZ	86403		saction ID : SE-S1587273 of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT		Category/ Type		03 / 13 / 2024
Name of Federal Candidate:			Office Sough	nt: X House District: 04
SMITH, CHRIS, , ,		Oppose	Preside	NI I
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7608.84	Disbursemen 2024	nt For:
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
WIRED4DATA		_	N	/ M / D D / Y Y Y Y
Mailing Address			L	03 07 2024
55 LAKE HAVASU AVE SOUTH F-677			Amou	nt
City	State	Zip Code	— I	824.66
LAKE HAVASU CITY	AZ	86403		saction ID : SE-S1587275 of Disbursement or Obligation
Purpose of Expenditure		Category/ 004		03 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Type 004		00 10 2024
Name of Federal Candidate:		X Support	Office Sough	nt: House District: 07
SEWELL, TERRI, , ,		Oppose	Preside	ent Senate State: AL
Calendar Year-To-Date		2005.02	Disbursemen	nt For: Primary General
Per Election for Office Sought	T	2005.92	<sup>2024</sup> X c	Other (specify) ▶Runoff
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b>	1649.32
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>.</b>	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 03	07 / 2024

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 47
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC				
				C C00671685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
WIRED4DATA			[	03 / 14 / 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amou	int
F-677				
City	State	Zip Code		879.78
LAKE HAVASU CITY	AZ	86403		saction ID : SE-S1597043 of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT		Category/ Type		03 / 20 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: X House District:07
SEWELL, TERRI, , ,		Oppose	President	^1
Calendar Year-To-Date Per Election for Office Sought	7	5141.54	Disburseme	nt For:
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
WIRED4DATA			r	M M / D D / Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH				03 14 2024
F-677			Amo	unt
City	State	Zip Code	$-\Gamma$	879.78
LAKE HAVASU CITY	AZ	86403		of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT		Category/ Type 004		03 / 20 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: X House District:07
SEWELL, TERRI, , ,		Oppose	President Sound	
			Disburseme	
Calendar Year-To-Date Per Election for Office Sought		5141.54	2024	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				1759.56
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	7 1 7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
CAPPLEMAN, OLIVER, , MR, Signature		_ Date	9 03	14 2024

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
AUTISM HEAR US NOW PAC			
7.6 116.00 1127.00			C C00671685
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
			02 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 LAKE HAVASU AVE SOUTH			Amount
F-677			
City	State	Zip Code	454.56
LAKE HAVASU CITY	AZ	86403	Transaction ID : SE-S1585449  Date of Disbursement or Obligation
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT		Category/ Type	03 / 20 / Y Y Y Y Y Y
Name of Federal Candidate:			Office Sought: X House District: 04
SMITH, CHRIS, , ,		Oppose	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7	1991.75	Disbursement For:
Full Name of Payee		☐ Memo	
WIRED4DATA			02 22 7 2024
Mailing Address 55 LAKE HAVASU AVE SOUTH			02 22 2024
F-677			Amount
City	State	Zip Code	454.56
LAKE HAVASU CITY	AZ	86403	Transaction ID: SE-S1585451 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
PHONEBANK IT/TECH SUPPORT		Type 004	03 20 2024
Name of Federal Candidate:		X Support	Office Sought:   House District: 07
SEWELL, TERRI, , ,		Oppose	President Senate State: AL
Calendar Year-To-Date		1105.69	Disbursement For: Primary General
Per Election for Office Sought	7 7	1103.03	2024
(a) SUBTOTAL of Itemized Independent Expenditures	S		909.12
(b) SUBTOTAL of Unitemized Independent Expenditu	Ires		
(a) GGD TO THE OF OTHER MEDICAL EXPONENCE			
(c) TOTAL Independent Expenditures			17957.24
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
CAPPLEMAN, OLIVER, , MR,		5 .	M = M / D = D / Y = Y = Y = Y
Signature		Date	9 02 22 2024