

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AUTISM HEAR US NOW PAC

ADDRESS (number and street) ONE WESTBROOK CORPORATE CENTER SUITE 300 WESTCHESTER IL 60154

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00671685

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

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

5. Covering Period 03 / 01 / 2024 through 03 / 31 / 2024

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

Type or Print Name of Treasurer CAPPLEMAN, OLIVER, , MR,

Signature of Treasurer CAPPLEMAN, OLIVER, , MR, Date 04 / 16 / 2024

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

Table with 12 columns for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AUTISM HEAR US NOW PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11112.28	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AUTISM HEAR US NOW PAC

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	41411.07	98260.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41411.07	98260.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	17957.24	35565.66
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	45.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	45.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	59413.31	133926.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47415.00	134071.00
34. Total Contribution Refunds (from Line 28(d))	45.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47370.00	133971.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41411.07	98260.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41411.07	98260.59

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BECKLER, TRACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32294 195TH ST
 City HARROLD State SD Zip Code 57536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENTREPRENEUR Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2024
Transaction ID : SA11AI-30850819
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. BILDSTEIN, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 VILLAGE DR
 City BLANDON State PA Zip Code 19510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2024
Transaction ID : SA11AI-30851737
 Amount of Each Receipt this Period
 215.00
 Memo Item

C. DEWICK, HOLLY A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11791 MIRACLE MILE RD
 City BIRCH TREE State MO Zip Code 65438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE BUSINESS WITH CARING HEART Occupation (for Individual) DIRECT CARE WORKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2024
Transaction ID : SA11AI-30849621
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	765.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

A. FORSHEE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2129 E DOLPHIN AVE
 City MESA State AZ Zip Code 85204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GRIDMEN INTERIORS Occupation (for Individual) OWNER/CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11AI-30851595
 Amount of Each Receipt this Period 320.00
 Memo Item

B. GUTWEIN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 W VIOLET DR
 City FRANCESVILLE State IN Zip Code 47946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11AI-30851599
 Amount of Each Receipt this Period 250.00
 Memo Item

C. LOTHMAN, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WINTHROP CT
 City DURHAM State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 06 / 2024
Transaction ID : SA11AI-30851871
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	670.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 OF 47
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

A. LOTHMAN, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 WINTHROP CT
 City DURHAM State NC Zip Code 27707
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2024
Transaction ID : SA11AI-30851001
 Amount of Each Receipt this Period
 215.00
 Memo Item

B. POPE, RICHARD D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 ALBERT DR
 City FORT WAYNE State IN Zip Code 46835
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2024
Transaction ID : SA11AI-30850109
 Amount of Each Receipt this Period
 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	465.00
TOTAL This Period (last page this line number only).....▶	1900.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

A. CAPPLEMAN, OLIVER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2752 CRANSTON CIR

City YORKVILLE State IL Zip Code 60560

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 06 / 2024

FEC Identification Number: C

Transaction ID : SB21B-98549

Amount of Each Disbursement this Period: 324.00

Memo Item

B. CAPPLEMAN, OLIVER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2752 CRANSTON CIR

City YORKVILLE State IL Zip Code 60560

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B-98549

Amount of Each Disbursement this Period: 324.00

Memo Item

C. CAPPLEMAN, OLIVER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2752 CRANSTON CIR

City YORKVILLE State IL Zip Code 60560

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C

Transaction ID : SB21B-9855t

Amount of Each Disbursement this Period: 324.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 972.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. CAPPLEMAN, OLIVER, , ,

Mailing Address 2752 CRANSTON CIR

City
YORKVILLE

State
IL

Zip Code
60560

Purpose of Disbursement

PAYROLL

001

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 27 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98550

Amount of Each Disbursement this Period

[REDACTED] 324.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CLOUD DATA SERVICES

Mailing Address 1009 WHITNEY RANCH DR

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement

LEADS/PHONE LISTS

003

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 01 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98555

Amount of Each Disbursement this Period

[REDACTED] 997.72

Memo Item

Full Name (Last, First, Middle Initial)

C. CLOUD DATA SERVICES

Mailing Address 1009 WHITNEY RANCH DR

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement

LEADS/PHONE LISTS

003

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 06 / 2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-9855:

Amount of Each Disbursement this Period

[REDACTED] 3258.55

Memo Item

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

[REDACTED] 4580.27

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. CLOUD DATA SERVICES

Mailing Address 1009 WHITNEY RANCH DR

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement
LEADS/PHONE LISTS

003

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2024

FEC Identification Number

C

Transaction ID : SB21B-98553

Amount of Each Disbursement this Period

1810.06

Memo Item

Full Name (Last, First, Middle Initial)

B. CLOUD DATA SERVICES

Mailing Address 1009 WHITNEY RANCH DR

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement
LEADS/PHONE LISTS

003

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2024

FEC Identification Number

C

Transaction ID : SB21B-98553

Amount of Each Disbursement this Period

2015.21

Memo Item

Full Name (Last, First, Middle Initial)

C. CLOUD DATA SERVICES

Mailing Address 1009 WHITNEY RANCH DR

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement
LEADS/PHONE LISTS

003

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2024

FEC Identification Number

C

Transaction ID : SB21B-98553

Amount of Each Disbursement this Period

1683.46

Memo Item invoice unpaid by close of books

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

3825.27

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. FIFTH THIRD BANK

Mailing Address 444 E VETERANS PKWY

City YORKVILLE State IL Zip Code 60560

Purpose of Disbursement BANK FEES
Candidate Name
Category/Type 001

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

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98549
Amount of Each Disbursement this Period
462.58

Memo Item

Full Name (Last, First, Middle Initial)

B. ILLINOIS DEPT. OF REVENUE

Mailing Address 101 W JEFFERSON ST

City SPRINGFIELD State IL Zip Code 62702

Purpose of Disbursement STATE TAXES
Candidate Name
Category/Type 001

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

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98550
Amount of Each Disbursement this Period
173.75

Memo Item

Full Name (Last, First, Middle Initial)

C. LAV SERVICES LLC

Mailing Address 1009 WHITNEY RANCH DR

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement PHONEBANK PAYROLL SERVICES
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 01 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98551
Amount of Each Disbursement this Period
947.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1584.17

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. LAV SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1009 WHITNEY RANCH DR

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement PHONEBANK PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 06 / 2024

FEC Identification Number: C

Transaction ID : SB21B-98553

Amount of Each Disbursement this Period: 3095.62

Memo Item

B. LAV SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1009 WHITNEY RANCH DR

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement PHONEBANK PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B-98554

Amount of Each Disbursement this Period: 1719.56

Memo Item

C. LAV SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1009 WHITNEY RANCH DR

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement PHONEBANK PAYROLL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2024

FEC Identification Number: C

Transaction ID : SB21B-98554

Amount of Each Disbursement this Period: 2106.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6922.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. LAV SERVICES LLC

Mailing Address 1009 WHITNEY RANCH DR

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement PHONEBANK PAYROLL SERVICES
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 27 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98554
Amount of Each Disbursement this Period
1599.29

Memo Item invoice unpaid by close of books

Full Name (Last, First, Middle Initial)

B. MPS BILLING

Mailing Address 8500 GOVERNORS HILL DR

City CINCINNATI State OH Zip Code 45249

Purpose of Disbursement CREDIT CARD PROCESSING
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98550
Amount of Each Disbursement this Period
21.45

Memo Item

Full Name (Last, First, Middle Initial)

C. MPS BILLING

Mailing Address 8500 GOVERNORS HILL DR

City CINCINNATI State OH Zip Code 45249

Purpose of Disbursement CREDIT CARD PROCESSING
Candidate Name
Category/Type 003

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

Date of Disbursement
MM / DD / YYYY
03 / 11 / 2024

FEC Identification Number
C
Transaction ID : SB21B-98551
Amount of Each Disbursement this Period
87.40

Memo Item

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

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

108.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes. 21b is checked.

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

Form A: RALLYPAY. Includes fields for Full Name, Mailing Address (995 MARKET STREET FLOOR 2), City (SAN FRANCISCO), State (CA), Zip Code (94103), Purpose of Disbursement (COMBINED 'OFF THE TOP' CREDIT CARD CHARGEBACKS), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/31/2024), FEC Identification Number (C), Transaction ID (SB21B-98595), Amount of Each Disbursement (29.00), and Memo Item checkbox.

Form B: RALLYPAY. Includes fields for Full Name, Mailing Address (995 MARKET STREET FLOOR 2), City (SAN FRANCISCO), State (CA), Zip Code (94103), Purpose of Disbursement (COMBINED 'OFF THE TOP' CC TRANSACTION FEES MAR), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/31/2024), FEC Identification Number (C), Transaction ID (SB21B-98595), Amount of Each Disbursement (1126.32), and Memo Item checkbox.

Form C: REGUS. Includes fields for Full Name, Mailing Address (ONE WESTBROOK CORPORATE CENTER SUITE 300), City (WESTCHESTER), State (IL), Zip Code (60154), Purpose of Disbursement (RENT EXPENSE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/21/2024), FEC Identification Number (C), Transaction ID (SB21B-9855), Amount of Each Disbursement (93.00), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 1248.32
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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 (Last, First, Middle Initial)

A. STANDARD DATA SERVICES LLC

Mailing Address 513 MILL AVE SE
SUITE 206

City
NEW PHILADELPHIA

State
OH

Zip Code
44663

Purpose of Disbursement
CAGING AND DATABASE SERVICES

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98556

Amount of Each Disbursement this Period

[REDACTED]	698.40
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Memo Item

Full Name (Last, First, Middle Initial)

B. STANDARD DATA SERVICES LLC

Mailing Address 513 MILL AVE SE
SUITE 206

City
NEW PHILADELPHIA

State
OH

Zip Code
44663

Purpose of Disbursement
CAGING AND DATABASE SERVICES

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98554

Amount of Each Disbursement this Period

[REDACTED]	2280.98
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

C. STANDARD DATA SERVICES LLC

Mailing Address 513 MILL AVE SE
SUITE 206

City
NEW PHILADELPHIA

State
OH

Zip Code
44663

Purpose of Disbursement
CAGING AND DATABASE SERVICES

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98554

Amount of Each Disbursement this Period

[REDACTED]	1267.04
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Memo Item

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

[REDACTED]	4246.42
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. STANDARD DATA SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2024

Mailing Address 513 MILL AVE SE
SUITE 206

City
NEW PHILADELPHIA

State
OH

Zip Code
44663

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98555

Amount of Each Disbursement this Period

[REDACTED] 1465.62

Purpose of Disbursement
CAGING AND DATABASE SERVICES

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2024

Mailing Address 1500 PENNSYLVANIA AVENUE
NW

City
WASHINGTON

State
DC

Zip Code
20003

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98552

Amount of Each Disbursement this Period

[REDACTED] 917.50

Purpose of Disbursement
TAXES

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2024

Mailing Address 45 E. CROSS ST.

City
SUGAR GROVE

State
IL

Zip Code
60554

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-98551

Amount of Each Disbursement this Period

[REDACTED] 67.10

Purpose of Disbursement
SHIPPING

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

[REDACTED] 2450.22

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: USPS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (SHIPPING), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/08/2024), FEC Identification Number, Transaction ID (SB21B-98551), and Amount of Each Disbursement (67.10).

Form B: USPS. Identical structure to Form A, with Date of Disbursement (03/15/2024).

Form C: USPS. Identical structure to Form A, with Date of Disbursement (03/22/2024).

SUBTOTAL of Disbursements This Page (optional) 201.30
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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 (Last, First, Middle Initial)

A. USPS

Mailing Address 45 E. CROSS ST.

City
SUGAR GROVE

State
IL

Zip Code
60554

Purpose of Disbursement
SHIPPING

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2024

FEC Identification Number

C

Transaction ID : SB21B-98552
Amount of Each Disbursement this Period

67.10

Memo Item

Full Name (Last, First, Middle Initial)

B. WIRED4DATA

Mailing Address 55 LAKE HAVASU AVE SOUTH F-677

City
LAKE HAVASU

State
AZ

Zip Code
86403

Purpose of Disbursement
PHONEBANK IT/TECH SUPPORT

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2024

FEC Identification Number

C

Transaction ID : SB21B-98556
Amount of Each Disbursement this Period

1845.81

Memo Item

Full Name (Last, First, Middle Initial)

C. WIRED4DATA

Mailing Address 55 LAKE HAVASU AVE SOUTH F-677

City
LAKE HAVASU

State
AZ

Zip Code
86403

Purpose of Disbursement
PHONEBANK IT/TECH SUPPORT

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2024

FEC Identification Number

C

Transaction ID : SB21B-98551
Amount of Each Disbursement this Period

6028.32

Memo Item

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

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

7941.23

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

Full Name (Last, First, Middle Initial)

A. WIRED4DATA

Mailing Address 55 LAKE HAVASU AVE SOUTH F-677

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
PHONEBANK IT/TECH SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2024

FEC Identification Number

C
Transaction ID : SB21B-98555
Amount of Each Disbursement this Period
3348.60

Memo Item

Full Name (Last, First, Middle Initial)

B. WIRED4DATA

Mailing Address 55 LAKE HAVASU AVE SOUTH F-677

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement
PHONEBANK IT/TECH SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2024

FEC Identification Number

C
Transaction ID : SB21B-98555
Amount of Each Disbursement this Period
3572.42

Memo Item

Full Name (Last, First, Middle Initial)

C. WIX.COM

Mailing Address 225 W. 39TH STREET

City NEW YORK State NY Zip Code 10018

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2024

FEC Identification Number

C
Transaction ID : SB21B-98555
Amount of Each Disbursement this Period
324.00

Memo Item

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

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

7245.02
41325.07

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) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLOUD DATA SERVICES			Nature of Debt (Purpose): LEADS / PHONE LISTS
Mailing Address 1009 WHITNEY RANCH DR			
City HENDERSON	State NV	Zip Code 89014	

Outstanding Balance Beginning This Period 3094.10	Transaction ID : SD10-1593067	
Amount Incurred This Period 3341.78	Payment This Period 3094.10	Outstanding Balance at Close of This Period 3341.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAV SERVICES LLC			Nature of Debt (Purpose): PHONEBANK PAYROLL SERVICES
Mailing Address 1009 WHITNEY RANCH DR.			
City HENDERSON	State NV	Zip Code 89014	

Outstanding Balance Beginning This Period 2939.41	Transaction ID : SD10-1593071	
Amount Incurred This Period 3174.70	Payment This Period 2939.41	Outstanding Balance at Close of This Period 3174.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STANDARD DATA SERVICES LLC			Nature of Debt (Purpose): 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 2165.88	Transaction ID : SD10-1593065	
Amount Incurred This Period 1302.28	Payment This Period 2165.88	Outstanding Balance at Close of This Period 1302.28

1) SUBTOTALS This Period This Page (optional)..... ▶	7818.76
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WIRED4DATA			Nature of Debt (Purpose): PHONEBANK IT/TECH SUPPORT
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677			
City LAKE HAVASU CITY	State AZ	Zip Code 86403	

Outstanding Balance Beginning This Period <input type="text" value="5724.10"/>		Transaction ID : SD10-1593069	
Amount Incurred This Period <input type="text" value="3293.52"/>	Payment This Period <input type="text" value="5724.10"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

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 <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3293.52"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="11112.28"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="11112.28"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: CLOUD DATA SERVICES
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Amount: 414.58
Transaction ID: SE-S1597525
Date of Disbursement or Obligation
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type
Name of Federal Candidate: SMITH, CHRIS, ,
Support
Office Sought: House
District: 04
State: NJ
Calendar Year-To-Date Per Election for Office Sought: 9793.33
Disbursement For: Primary
2024

Full Name of Payee: CLOUD DATA SERVICES
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Amount: 414.58
Transaction ID: SE-S1597527
Date of Disbursement or Obligation
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, ,
Support
Office Sought: House
District: 07
State: AL
Calendar Year-To-Date Per Election for Office Sought: 5949.97
Disbursement For: Other (specify) Runoff
2024

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03/21/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: CLOUD DATA SERVICES
MEMO ITEM
INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS / PHONE LISTS(ESTIMATE)
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Calendar Year-To-Date Per Election for Office Sought: 9793.33
Disbursement For: Primary 2024

Full Name of Payee: CLOUD DATA SERVICES
MEMO ITEM
INVOICE DID NOT CLEAR BANK BEFORE CLOSE OF BOOKS
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS / PHONE LISTS(ESTIMATE)
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Calendar Year-To-Date Per Election for Office Sought: 5949.97
Disbursement For: Other (specify) Runoff 2024

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03 / 28 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, Support
Office Sought: House, District: 04, State: NJ
Calendar Year-To-Date Per Election for Office Sought: 5602.92
Disbursement For: Primary 2024

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, Support
Office Sought: House, District: 07, State: AL
Calendar Year-To-Date Per Election for Office Sought: 4716.86
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures: 1604.96
(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.
Signature

Date: 02 / 29 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

Check if 24-hour report 48-hour report
New report Amends report filed on 03/07/2024

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Calendar Year-To-Date Per Election for Office Sought: 7608.84
Disbursement For: Primary, 2024

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Calendar Year-To-Date Per Election for Office Sought: 2005.92
Disbursement For: Other (specify) Runoff, 2024

(a) SUBTOTAL of Itemized Independent Expenditures: 891.52
(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.
Signature: CAPPLEMAN, OLIVER, , MR.
Date: 03/07/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

Check if 24-hour report 48-hour report
New report Amends report filed on 03 / 14 / 2024

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, Support
Office Sought: House, District: 04, State: NJ
Calendar Year-To-Date Per Election for Office Sought: 8984.90
Disbursement For: Primary 2024

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS/PHONE LISTS
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, Support
Office Sought: House, District: 07, State: AL
Calendar Year-To-Date Per Election for Office Sought: 5141.54
Disbursement For: Other (specify) Runoff 2024

(a) SUBTOTAL of Itemized Independent Expenditures: 992.58
(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.
Signature Date: 03 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS / PHONE LISTS
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, Support
Office Sought: House, District: 04, State: NJ
Disbursement For: Primary
Amount: 245.71
Transaction ID: SE-S1585437
Date of Disbursement or Obligation: 03/20/2024
Calendar Year-To-Date Per Election for Office Sought: 1991.75

Full Name of Payee: CLOUD DATA SERVICES
Mailing Address: 1009 WHITNEY RANCH DR.
City: HENDERSON, State: NV, Zip Code: 89014
Purpose of Expenditure: LEADS / PHONE LISTS
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, Support
Office Sought: House, District: 07, State: AL
Disbursement For: Primary
Amount: 245.71
Transaction ID: SE-S1585439
Date of Disbursement or Obligation: 03/20/2024
Calendar Year-To-Date Per Election for Office Sought: 1105.69

(a) SUBTOTAL of Itemized Independent Expenditures: 491.42
(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.
Signature Date: 02/22/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: LAV SERVICES LLC
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Amount: 393.85
Transaction ID: SE-S1597533
Date of Disbursement or Obligation
Purpose of Expenditure: PHONEBANK PAYROLL SERVICES
Category/Type
Name of Federal Candidate: SMITH, CHRIS, ,
Support
Office Sought: House
District: 04
State: NJ
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought: 9793.33

Full Name of Payee: LAV SERVICES LLC
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Amount: 393.85
Transaction ID: SE-S1597535
Date of Disbursement or Obligation
Purpose of Expenditure: PHONEBANK PAYROLL SERVICES
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, ,
Support
Office Sought: House
District: 07
State: AL
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought: 5949.97

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03/21/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: LAV SERVICES LLC
Memo Item
Date of Public Distribution/Dissemination: 03/28/2024
Amount: 393.86
Transaction ID: SE-S1597661
Date of Disbursement or Obligation
Purpose of Expenditure: PHONEBANK PAYROLL SERVICES(ESTIMATE)
Category/Type
Name of Federal Candidate: SMITH, CHRIS, ,
Support
Office Sought: House
District: 04
State: NJ
Calendar Year-To-Date Per Election for Office Sought: 9793.33
Disbursement For: Primary
2024

Full Name of Payee: LAV SERVICES LLC
Memo Item
Date of Public Distribution/Dissemination: 03/28/2024
Amount: 393.85
Transaction ID: SE-S1597663
Date of Disbursement or Obligation
Purpose of Expenditure: PHONEBANK PAYROLL SERVICES(ESTIMATE)
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, ,
Support
Office Sought: House
District: 07
State: AL
Calendar Year-To-Date Per Election for Office Sought: 5949.97
Disbursement For: Other (specify) Runoff
2024

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03/28/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Name of Federal Candidate: SMITH, CHRIS, ,
Calendar Year-To-Date Per Election for Office Sought 5602.92
Disbursement For: Primary

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Name of Federal Candidate: SEWELL, TERRI, ,
Calendar Year-To-Date Per Election for Office Sought 4716.86
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1524.72
(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.
Signature

Date 02 / 29 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

Check if 24-hour report 48-hour report
New report Amends report filed on 03/07/2024

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Category/Type
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House District: 04 State: NJ
Calendar Year-To-Date Per Election for Office Sought 7608.84
Disbursement For: Primary 2024

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Category/Type 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House District: 07 State: AL
Calendar Year-To-Date Per Election for Office Sought 2005.92
Disbursement For: Other (specify) Runoff 2024

(a) SUBTOTAL of Itemized Independent Expenditures 846.94
(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.
Signature Date 03/07/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

Check if 24-hour report 48-hour report
New report Amends report filed on 03/14/2024

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Category/Type
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House District: 04 State: NJ
Disbursement For: Primary
Amount 518.84
Transaction ID: SE-S1597037
Date of Disbursement or Obligation 03/20/2024
Calendar Year-To-Date Per Election for Office Sought 8984.90

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Category/Type 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House District: 07 State: AL
Disbursement For: Other (specify) Runoff
Amount 518.84
Transaction ID: SE-S1597039
Date of Disbursement or Obligation 03/20/2024
Calendar Year-To-Date Per Election for Office Sought 5141.54

(a) SUBTOTAL of Itemized Independent Expenditures 1037.68
(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.
Signature Date 03/14/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Name of Federal Candidate: SMITH, CHRIS, ,
Calendar Year-To-Date Per Election for Office Sought 1991.75
Date of Public Distribution/Dissemination 02/22/2024
Amount 233.42
Transaction ID : SE-S1585445
Date of Disbursement or Obligation 03/20/2024
Office Sought: House District: 04 State: NJ

Full Name of Payee LAV SERVICES LLC
Mailing Address 1009 WHITNEY RANCH DR.
City HENDERSON State NV Zip Code 89014
Purpose of Expenditure PHONEBANK PAYROLL SERVICES
Name of Federal Candidate: SEWELL, TERRI, ,
Calendar Year-To-Date Per Election for Office Sought 1105.69
Date of Public Distribution/Dissemination 02/22/2024
Amount 233.42
Transaction ID : SE-S1585447
Date of Disbursement or Obligation 03/20/2024
Office Sought: House District: 07 State: AL

(a) SUBTOTAL of Itemized Independent Expenditures 466.84
(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.
Signature

Date 02/22/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES(ESTIMATE)
Name of Federal Candidate: SMITH, CHRIS, , Support
Amount: 360.93
Transaction ID: SE-S1597529

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES(ESTIMATE)
Name of Federal Candidate: SEWELL, TERRI, , Support
Amount: 360.93
Transaction ID: SE-S1597531

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR,
Signature

Date 03 / 21 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES(ESTIMATE)
Name of Federal Candidate: SMITH, CHRIS, , Support
Amount: 290.21
Transaction ID: SE-S1597657

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES(ESTIMATE)
Name of Federal Candidate: SEWELL, TERRI, , Support
Amount: 290.21
Transaction ID: SE-S1597659

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03 / 28 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Name of Federal Candidate: SMITH, CHRIS, , Support
Date of Public Distribution/Dissemination: 02/29/2024
Amount: 561.74
Transaction ID: SE-S1585569
Date of Disbursement or Obligation: 03/06/2024
Calendar Year-To-Date Per Election for Office Sought: 5602.92
Disbursement For: Primary

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Name of Federal Candidate: SEWELL, TERRI, , Support
Date of Public Distribution/Dissemination: 02/29/2024
Amount: 561.74
Transaction ID: SE-S1585571
Date of Disbursement or Obligation: 03/06/2024
Calendar Year-To-Date Per Election for Office Sought: 4716.86
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 1123.48
(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.
Signature

Date: 02/29/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Date of Public Distribution/Dissemination: 03/07/2024
Amount: 312.03
Transaction ID: SE-S1587265
Date of Disbursement or Obligation: 03/13/2024
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Disbursement For: Primary

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Date of Public Distribution/Dissemination: 03/07/2024
Amount: 312.03
Transaction ID: SE-S1587267
Date of Disbursement or Obligation: 03/13/2024
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 624.06
(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.
Signature

Date 03/07/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Name of Federal Candidate: SMITH, CHRIS, , Support
Date of Public Distribution/Dissemination: 03/14/2024
Amount: 360.93
Transaction ID: SE-S1597033
Date of Disbursement or Obligation: 03/20/2024
Calendar Year-To-Date Per Election for Office Sought: 8984.90
Disbursement For: Primary

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Name of Federal Candidate: SEWELL, TERRI, , Support
Date of Public Distribution/Dissemination: 03/14/2024
Amount: 360.93
Transaction ID: SE-S1597035
Date of Disbursement or Obligation: 03/20/2024
Calendar Year-To-Date Per Election for Office Sought: 5141.54
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 721.86
(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.
Signature Date 03/14/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Date of Public Distribution/Dissemination: 02/22/2024
Amount: 172.00
Transaction ID: SE-S1585441
Date of Disbursement or Obligation: 03/20/2024
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Disbursement For: Primary

Full Name of Payee: STANDARD DATA SERVICES LLC
Mailing Address: 513 MILL AVE SE, SUITE 206, NEW PHILADELPHIA, OH 44663
Purpose of Expenditure: CAGING AND DATABASE SERVICES
Date of Public Distribution/Dissemination: 02/22/2024
Amount: 172.00
Transaction ID: SE-S1585443
Date of Disbursement or Obligation: 03/20/2024
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 344.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature Date 02/22/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: WIRED4DATA
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677, LAKE HAVASU CITY, AZ 86403
Amount: 879.78
Transaction ID: SE-S1597537
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT(ESTIMATE)
Category/Type
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House District: 04 State: NJ
Calendar Year-To-Date Per Election for Office Sought: 9793.33
Disbursement For: Primary 2024

Full Name of Payee: WIRED4DATA
Memo Item
Date of Public Distribution/Dissemination: 03/21/2024
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677, LAKE HAVASU CITY, AZ 86403
Amount: 879.78
Transaction ID: SE-S1597539
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT(ESTIMATE)
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House District: 07 State: AL
Calendar Year-To-Date Per Election for Office Sought: 5949.97
Disbursement For: Other (specify) Runoff 2024

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR.
Signature

Date 03/21/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee: WIRED4DATA
Memo Item
Date of Public Distribution/Dissemination: 03/28/2024
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677
City: LAKE HAVASU CITY, State: AZ, Zip Code: 86403
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT(ESTIMATE)
Category/Type
Amount: 766.98
Transaction ID: SE-S1597665
Date of Disbursement or Obligation
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Calendar Year-To-Date Per Election for Office Sought: 9793.33
Disbursement For: Primary, 2024

Full Name of Payee: WIRED4DATA
Memo Item
Date of Public Distribution/Dissemination: 03/28/2024
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677
City: LAKE HAVASU CITY, State: AZ, Zip Code: 86403
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT(ESTIMATE)
Category/Type: 004
Amount: 766.98
Transaction ID: SE-S1597667
Date of Disbursement or Obligation
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Calendar Year-To-Date Per Election for Office Sought: 5949.97
Disbursement For: Other (specify) Runoff, 2024

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

CAPPLEMAN, OLIVER, , MR,
Signature

Date 03/28/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee WIRE4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House District: 04 State: NJ
Calendar Year-To-Date Per Election for Office Sought 5602.92
Disbursement For: Primary 2024

Full Name of Payee WIRE4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House District: 07 State: AL
Calendar Year-To-Date Per Election for Office Sought 4716.86
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 2969.18
(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.
Signature

Date 02 / 29 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

Check if 24-hour report 48-hour report
New report Amends report filed on 03/07/2024

Full Name of Payee: WIRE4DATA
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677, LAKE HAVASU CITY, AZ 86403
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT
Category/Type:
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House, District: 04, State: NJ
Disbursement For: Primary
Amount: 824.66
Transaction ID: SE-S1587273
Date of Disbursement or Obligation: 03/13/2024
Calendar Year-To-Date Per Election for Office Sought: 7608.84

Full Name of Payee: WIRE4DATA
Mailing Address: 55 LAKE HAVASU AVE SOUTH, F-677, LAKE HAVASU CITY, AZ 86403
Purpose of Expenditure: PHONEBANK IT/TECH SUPPORT
Category/Type: 004
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House, District: 07, State: AL
Disbursement For: Other (specify) Runoff
Amount: 824.66
Transaction ID: SE-S1587275
Date of Disbursement or Obligation: 03/13/2024
Calendar Year-To-Date Per Election for Office Sought: 2005.92

(a) SUBTOTAL of Itemized Independent Expenditures 1649.32
(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.
Signature

Date 03/07/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee WIREDD4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SEWELL, TERRI, , ,
Calendar Year-To-Date Per Election for Office Sought 5141.54
Date of Public Distribution/Dissemination 03 / 14 / 2024
Amount 879.78
Transaction ID : SE-S1597043
Date of Disbursement or Obligation 03 / 20 / 2024
Office Sought: House District: 07 State: AL

Full Name of Payee WIREDD4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SEWELL, TERRI, , ,
Calendar Year-To-Date Per Election for Office Sought 5141.54
Date of Public Distribution/Dissemination 03 / 14 / 2024
Amount 879.78
Transaction ID : SE-S1597047
Date of Disbursement or Obligation 03 / 20 / 2024
Office Sought: House District: 07 State: AL

(a) SUBTOTAL of Itemized Independent Expenditures 1759.56
(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.
Signature

Date 03 / 14 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AUTISM HEAR US NOW PAC
FEC IDENTIFICATION NUMBER
C C00671685

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

Full Name of Payee WIRE4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SMITH, CHRIS, , Support
Office Sought: House District: 04 State: NJ
Calendar Year-To-Date Per Election for Office Sought 1991.75
Disbursement For: Primary 2024

Full Name of Payee WIRE4DATA
Mailing Address 55 LAKE HAVASU AVE SOUTH F-677
City LAKE HAVASU CITY State AZ Zip Code 86403
Purpose of Expenditure PHONEBANK IT/TECH SUPPORT
Name of Federal Candidate: SEWELL, TERRI, , Support
Office Sought: House District: 07 State: AL
Calendar Year-To-Date Per Election for Office Sought 1105.69
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 909.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 17957.24

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 02 / 22 / 2024