



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Van Orden for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25.00	166.85
(b) Total Contribution Refunds (from Line 20(d)) .....	7.46	3305.49
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17.54	- 3138.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6872.97	71734.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	8.00	543.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6864.97	71190.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5660.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Van Orden for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	25.00	166.85
(iii) TOTAL of contributions from individuals ▶	25.00	166.85
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25.00	166.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	8.00	543.68
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	33.00	710.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6872.97	71734.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	7.46	3305.49
(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 20(a), (b), and (c)).....	7.46	3305.49
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6880.43	75039.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12507.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33.00
25. SUBTOTAL (add Line 23 and Line 24).....	12540.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6880.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5660.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. VAN ORDEN, DERRICK, F., MR.,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2021
Mailing Address PO BOX 824		FEC Identification Number <b>C</b> C00742007
City CHIPPEWA FALLS	State WI	Zip Code 54729
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 2709.66
Candidate Name <b>VAN ORDEN, DERRICK, F., MR.,</b>	Office Sought: <input checked="" 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: WI District: 03	Transaction ID : <b>SB17.I1557</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DELTA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2021
Mailing Address 1030 DELTA BOULEVARD		FEC Identification Number <b>C</b>
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 844.20
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:	Transaction ID : <b>SB17.I1558</b> <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2021
Mailing Address 1265 FIRST STREET SOUTHEAST		FEC Identification Number <b>C</b>
City WASHINGTON, D.C.	State DC	Zip Code 20003
Purpose of Disbursement TRAVEL	Category/Type	Amount of Each Disbursement this Period 655.60
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:	Transaction ID : <b>SB17.I1559</b> <input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2709.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

**A. UBER**

Full Name (Last, First, Middle Initial)  
Mailing Address 1455 MARKET STREET  
SUITE 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 01 / 07 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 409.77

Transaction ID : SB17.I1560

Memo Item

**B. CARTER, JARED, , ,**

Full Name (Last, First, Middle Initial)  
Mailing Address 2320 DANIELS AVE

City ALTOONA State WI Zip Code 54720

Purpose of Disbursement TRAVEL REIMBURSEMENT

Candidate Name

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

State: District:

Date of Disbursement: 01 / 05 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 1057.05

Transaction ID : SB17.I1527

Memo Item

**C. EXPEDIA**

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 EXPEDIA GROUP WAY WEST

City BELLEVUE State WA Zip Code 98119

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 01 / 02 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 418.20

Transaction ID : SB17.I1529

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1057.05

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2021		
Mailing Address 1265 FIRST STREET SOUTHEAST			FEC Identification Number C		
City WASHINGTON, D.C.	State DC	Zip Code 20003	Amount of Each Disbursement this Period 469.62		
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17.I1530		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) <b>B. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2021		
Mailing Address 1455 MARKET STREET SUITE 400			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94103	Amount of Each Disbursement this Period 67.85		
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17.I1528		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
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:					

Full Name (Last, First, Middle Initial) <b>C. KRUEGER, MARY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2021		
Mailing Address E 4517 473RD AVENUE			FEC Identification Number C		
City MENOMONIE	State WI	Zip Code 54751	Amount of Each Disbursement this Period 256.01		
Purpose of Disbursement TRAVEL, UNITEMIZED		Category/Type	Transaction ID : SB17.I1556		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	256.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. CARTER DESIGN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2021	
Mailing Address 2320 DANIELS AVENUE			FEC Identification Number C	
City ALTOONA	State WI	Zip Code 54720	Amount of Each Disbursement this Period 510.00	
Purpose of Disbursement LOGO DESIGN		Category/ Type	Transaction ID : SB17.I1532	
Candidate Name		Memo Item REISSUE, VOIDED CHECK PAID 11/30/2020		
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:				

Full Name (Last, First, Middle Initial) <b>B. CARTER DESIGN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2021	
Mailing Address 2320 DANIELS AVENUE			FEC Identification Number C	
City ALTOONA	State WI	Zip Code 54720	Amount of Each Disbursement this Period - 510.00	
Purpose of Disbursement LOGO DESIGN		Category/ Type	Transaction ID : SB17.I1500	
Candidate Name		Memo Item VOIDED CHECK PAID 11/30/2020, REISSUED 1/25/21		
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:				

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2021	
Mailing Address 1593 SPRING HILL ROAD			FEC Identification Number C	
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DATABASE		Category/ Type	Transaction ID : SB17.I1525	
Candidate Name		Memo Item		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2021
Mailing Address 1593 SPRING HILL ROAD		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : SB17.I1543
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2021
Mailing Address 1593 SPRING HILL ROAD		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB17.I1544
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. EAGLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2021
Mailing Address 7815 WOODMONT AVENUE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 100.29
Candidate Name		Transaction ID : SB17.I1526
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1300.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. EAGLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2021
Mailing Address 7815 WOODMONT AVENUE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 97.41
Candidate Name		Transaction ID : SB17.I1541
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EAGLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2021
Mailing Address 7815 WOODMONT AVENUE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 118.32
Candidate Name		Transaction ID : SB17.I1542
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GALAXY SELF STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2021
Mailing Address 3402 FIESTA COURT		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54601
Purpose of Disbursement STORAGE		Amount of Each Disbursement this Period 67.00
Candidate Name		Transaction ID : SB17.I1522
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	282.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. GALAXY SELF STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2021
Mailing Address 3402 FIESTA COURT		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54601
Purpose of Disbursement STORAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 67.00	
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) ▼	Transaction ID : SB17.I1545
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GALAXY SELF STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2021
Mailing Address 3402 FIESTA COURT		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54601
Purpose of Disbursement STORAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 67.00	
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) ▼	Transaction ID : SB17.I1546
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2021
Mailing Address 2700 COAST AVENUE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement ACCOUNTING SOFTWARE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 70.00	
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) ▼	Transaction ID : SB17.I1524
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	204.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

**A. INTUIT**

Full Name (Last, First, Middle Initial)  
Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement ACCOUNTING SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 70.00

Transaction ID : SB17.I1539

Memo Item

**B. INTUIT**

Full Name (Last, First, Middle Initial)  
Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement ACCOUNTING SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 70.00

Transaction ID : SB17.I1540

Memo Item

**C. SAGE ADVISORY GROUP**

Full Name (Last, First, Middle Initial)  
Mailing Address 7816 ROSE GARDEN LN.

City SPRINGFIELD State VA Zip Code 22153

Purpose of Disbursement FILING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 26.96

Transaction ID : SB17.I1537

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 166.96

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2021
Mailing Address 2700 COAST AVENUE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement FILING FEE		Amount of Each Disbursement this Period 26.96
Candidate Name		Transaction ID : SB17.I1538
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2021
Mailing Address 2350 RAVINE WAY SUITE 100		FEC Identification Number C
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL SVC		Amount of Each Disbursement this Period 54.99
Candidate Name		Transaction ID : SB17.I1534
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2021
Mailing Address 2350 RAVINE WAY SUITE 100		FEC Identification Number C
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL SVC		Amount of Each Disbursement this Period 54.99
Candidate Name		Transaction ID : SB17.I1535
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	109.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Van Orden for Congress**

Full Name (Last, First, Middle Initial)  
**A. SUREPAYROLL, INC.**

Mailing Address 2350 RAVINE WAY  
SUITE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement PAYROLL SVC

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 08 / 2021

FEC Identification Number  
C

Amount of Each Disbursement this Period  
54.99

Transaction ID : SB17.I1536

Memo Item

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	54.99
<b>TOTAL</b> This Period (last page this line number only).....▶	7041.67

**FEC FORM 3Z (File with Form 3)**

Report Covering Period from: 

M	M
01	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2021			

**Part 1: CONSOLIDATION REPORT**

to: 

M	M
03	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2021			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE  
**Van Orden for Congress**

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE  
 (Use Separate Page for Each Committee)  
**Van Orden for WI-03**

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
0.00	0.00
7(c) Net Operating Expenditures	16 Total Receipts
1796.78	500.18
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
0.00	1796.78
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
0.00	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
0.00	0.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
0.00	0.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
0.00	0.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
0.00	0.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
0.00	0.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
500.18	0.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
0.00	0.00
13(b) All Other Loans	21 Other Disbursements
0.00	0.00
13(c) Total Loans	22 Total Disbursements
0.00	1796.78
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
0.00	1296.60
	27 Cash on Hand at Close of Reporting Period
	0.00

**FEC FORM 3Z (File with Form 3)**

Report Covering Period from: 

M	M
01	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2021			

**Part 2: CONSOLIDATED TOTALS  
FOR ALL AUTHORIZED COMMITTEES**

to: 

M	M
03	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2021			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE  
**Van Orden for Congress**

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	Amount
6(c) Net Contributions	0.00
7(c) Net Operating Expenditures	1796.78
9 Debts and Obligations Owed TO the Committee	0.00
10 Debts and Obligations Owed BY the Committee	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	0.00
11(b) Contributions from Political Party Committees	0.00
11(c) Contributions from Other Political Committees	0.00
11(d) Contributions from the Candidate	0.00
11(e) Total Contributions	0.00
12 Transfers from Other Authorized Committees	500.18
13(a) Loans Made or Guaranteed by the Candidate	0.00
13(b) All Other Loans	0.00
13(c) Total Loans	0.00
14 Offsets to Operating Expenditures	0.00

LINE DESCRIPTION	Amount
15 Other Receipts	0.00
16 Total Receipts	500.18
17 Operating Expenditures	1796.78
18 Transfers to Other Authorized Committees	0.00
19(a) Repayments of Loans Made or Guaranteed by Candidate	0.00
19(b) Other Loan Repayments	0.00
19(c) Total Loan Repayments	0.00
20(a) Refunds of Contributions to Individuals/Persons	0.00
20(b) Refunds of Contributions to Political Party Committees	0.00
20(c) Refunds of Contributions to Other Political Committees	0.00
20(d) Total Contributions Refunds	0.00
21 Other Disbursements	0.00
22 Total Disbursements	1796.78
23 Cash on Hand at Beginning of Reporting Period	1296.60
27 Cash on Hand at Close of Reporting Period	0.00