

FEC
FORM 3XREPORT 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

GOPAC Election Fund

ADDRESS (number and street)

1201 WILSON BLVD

STE 2110

ARLINGTON

VA

22209

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00559740

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

VA

5. Covering Period

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

10

17

2024

through

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

11

25

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

JOHNSON, MELODIE, , ,

Signature of Treasurer

JOHNSON, MELODIE, , ,

Date

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

12

04

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.

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GOPAC Election Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y
11 25 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		871852.59
(b) Cash on Hand at Beginning of Reporting Period.....	64586.61	
(c) Total Receipts (from Line 19)	2306000.00	13681785.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2370586.61	14553637.59
7. Total Disbursements (from Line 31)	2273692.58	14456743.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96894.03	96894.03
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)	0.00	



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GOPAC Election Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y
11 25 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

17000.00

53000.00

(ii) Unitemized

0.00

1150.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17000.00

54150.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

2000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

17000.00

56150.00

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.).....

2289000.00

13625635.00

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))

2306000.00

13681785.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2306000.00

13681785.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	0.00	305.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	305.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25000.00
24. Independent Expenditures (use Schedule E)	0.00	1576321.50
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2273692.58	12855116.52
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)) ..	2273692.58	14456743.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2273692.58	14456743.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	17000.00	56150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000.00	56150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	305.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	305.54

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

FOR LINE NUMBER: PAGE 6 OF 20

(check only one)

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

GOPAC Election Fund

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

A. O'BRIEN, JOHN, P., , JR.

Mailing Address 1513 RIVERVIEW OAKS ROAD

City
CHATTANOOGAState
TNZip Code
37405-3147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONTEMPORARY HEALTHCAREOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11A.838210

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

B. HOLLEY, JEFFREY , D. , ,

Mailing Address 4077 BLACK WILLOW COURT

City
ZIONSVILLEState
INZip Code
46077-7832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN UNITED LIFE INSURANCE COMPANYOccupation (for Individual)
EXECUTIVE VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA11A.838215

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. EINESS, WARD , , ,

Mailing Address 525 NORTH 3RD STREET

City
MINNEAPOLISState
MNZip Code
55401-1239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WARD EINESS STRATEGIESOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11A.838237

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

7000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

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

A. O'GRADY, LOGAN, , ,

Mailing Address 12320 COBBLESTONE LANE

City
ROSEMOUNTState
MNZip Code
55068-3500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MN SOLAR ENERGY INDUSTRIES ASSOCIATIONOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11A.838238

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. SHAVER, MAUREEN, , ,

Mailing Address 20390 CARSON ROAD

City
EXCELSIORState
MNZip Code
55331-9305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHAVER PUBLIC AFFAIRSOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11A.838242

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. SLATER, KENNETH, Z., MR.,Mailing Address 639 E OCEAN AVE
SUITE 309City
BOYNTON BEACHState
FLZip Code
33435-5016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TREMONT PARTNERS L.L.C.Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11A.838227

Amount of Each Receipt this Period

5000.00

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

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 20
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

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

A. RICE, BRIAN , F. , ,

Mailing Address 2100 SAINT ANTHONY PARKWAY

City
MINNEAPOLISState
MNZip Code
55418-3119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RICE, WALTHER & MOSLEYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11A.838241

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. ROWEN , ROBYN , , ,

Mailing Address 19035 LAKE AVENUE

City
WAYZATAState
MNZip Code
55391-3148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MINNESOTA INSURANCE & FIN. SVCS.Occupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11A.838243

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. GUENTHNER, SCOTT , , MR.,

Mailing Address 3403 CLUB ESTATES DRIVE

City
CARMELState
INZip Code
46033-8118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE DERMATOLOGY CENTER OF INDIANAOccupation (for Individual)
DERMATOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11A.838265

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

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

4000.00

17000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 20
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

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

A. SLATER, KENNETH, Z., MR.,Mailing Address 639 E OCEAN AVE
SUITE 309City
BOYNTON BEACHState
FLZip Code
33435-5016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TREMONT PARTNERS L.L.C.Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11A.838227_B

Amount of Each Receipt this Period

20000.00

☐ Memo Item

NON CONTRIBUTION ACCOUNT RECEIPT

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

B. GOPAC INCMailing Address 1201 WILSON BLVD
STE 2110City
ARLINGTONState
VAZip Code
22209FEC 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 ▼

13500500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA184502

Amount of Each Receipt this Period

1819000.00

☐ Memo Item

NON CONTRIBUTION ACCOUNT RECEIPT

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

C. GOPAC INCMailing Address 1201 WILSON BLVD
STE 2110City
ARLINGTONState
VAZip Code
22209FEC 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 ▼

13500500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA263267

Amount of Each Receipt this Period

450000.00

☐ Memo Item

NON CONTRIBUTION ACCOUNT RECEIPT

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

2289000.00

2289000.00

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

PAGE 10 OF 20

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

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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. HOUSE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address PO BOX 1313

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	4	

City
JEFFERSON CITYState
MOZip Code
65102

FEC Identification Number

Transaction ID : SB.1

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. SENATE MAJORITY FUND

Mailing Address 2318 CURTIS STREET

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	4	

City
DENVERState
COZip Code
80205

FEC Identification Number

Transaction ID : SB.2

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. TEXAS SENATE LEADERSHIP FUND

Mailing Address 4120 BELLAIRE BLVD

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	4	

City
HOUSTONState
TXZip Code
77025

FEC Identification Number

Transaction ID : SB.3

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

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

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

PAGE 11 OF 20

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

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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT JAKE TESHKA

Mailing Address PO BOX 2282

City
SOUTH BENDState
INZip Code
46680Purpose of Disbursement
NON FED DISB - CONTRIBUTION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT BEAU BAIRD

Mailing Address PO BOX 203

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
NON FED DISB - CONTRIBUTION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.6

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANNY LOPEZ FOR INDIANA

Mailing Address 484 E CARMEL DRIVE #241

City
CARMELState
INZip Code
46032Purpose of Disbursement
NON FED DISB - CONTRIBUTION
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

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

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

9000.00

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. ELECT ETHAN

Mailing Address 2301 E COUNTY RD 350 N

City
LOGANSPOUTState
INZip Code
46947Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.7

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ETHAN LAWSON FOR INDIANA

Mailing Address PO BOX 145

City
GREENFIELDState
INZip Code
46140Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INDIANA SENATE MAJORITY CAMPAIGN COMMITTEE

Mailing Address 101 W OHIO STREET #2200

City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

50000.00

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

5	6	0	0	0	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. ADVANCE MINNESOTA IE COMMITTEE

Mailing Address PO BOX 93

City
LAKE ELMOState
MNZip Code
55042Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.14

Amount of Each Disbursement this Period

115000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SENATE MAJORITY FUND

Mailing Address 2318 CURTIS STREET

City
DENVERState
COZip Code
80205Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.13

Amount of Each Disbursement this Period

120000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address 500 N THIRD ST. 4TH FLOOR

City
HARRISBURGState
PAZip Code
17101Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

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

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

4	3	5	0	0	0	.	0	0				
---	---	---	---	---	---	---	---	---	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. JOBS FIRST COALITION POLITICAL FUND

Mailing Address PO BOX 2071

City
BROOKFIELDState
WIZip Code
53008Purpose of Disbursement
NON FED DISB - CONTRIBUTION

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	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.18

Amount of Each Disbursement this Period

182000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address 500 N THIRD ST. 4TH FLOOR

City
HARRISBURGState
PAZip Code
17101Purpose of Disbursement
NON FED DISB - CONTRIBUTION

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	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.23

Amount of Each Disbursement this Period

135000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KENTUCKIANS FOR STRONG LEADERSHIP

Mailing Address 9300 SHELBYVILLE ROAD #1005

City
LOUISVILLEState
KYZip Code
40222Purpose of Disbursement
NON FED DISB - CONTRIBUTION

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	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.20

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

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

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

342000.00

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. SENATE MAJORITY FUND

Mailing Address 2318 CURTIS STREET

City
DENVERState
COZip Code
80205

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.19

Amount of Each Disbursement this Period

57000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTH CAROLINA HOUSE REPUBLICAN CAUCUS

Mailing Address PO BOX 21

City
COLUMBIAState
SCZip Code
29202

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.21

Amount of Each Disbursement this Period

65000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARIZONA CONSERVATIVE POLICY ALLIANCE ACTION COMMITTEE

Mailing Address 5244 S. MINGUS PLACE

City
CHANDLERState
AZZip Code
85249

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

25000.00

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

147000.00

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. DIRECT EDGE CAMPAIGNS LLC

Mailing Address 2000 GLEN ECHO ROAD STE 207A

City
NASHVILLEState
TNZip Code
37215

Purpose of Disbursement

NON FED DISB - DIRECT MAIL

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
1	0			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.26

Amount of Each Disbursement this Period

19348.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INDIANA SENATE MAJORITY CAMPAIGN COMMITTEE

Mailing Address 101 W OHIO STREET #2200

City
INDIANAPOLISState
INZip Code
46204

Purpose of Disbursement

NON FED DISB - CONTRIBUTION

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
1	0			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.25

Amount of Each Disbursement this Period

45000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOD GOVERNMENT COALITION, INC.

Mailing Address 8100 FENWAY ROAD

City
BETHESDAState
MDZip Code
20817

Purpose of Disbursement

NON FEDERAL DISBURSEMENT

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
1	0			3	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.27

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

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

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

264348.08

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. MINNESOTA COMMON GROUND

Mailing Address 3673 LEXINGTON AVE N STE H-2 104

City
ARDEN HILLSState
MNZip Code
55126Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Category/
TypeOffice 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
1	0			3	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.28

Amount of Each Disbursement this Period

375000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOPAC ELECTION FUND - MISSOURI

Mailing Address PO BOX 52

City
JEFFERSON CITYState
MOZip Code
61502Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Category/
TypeOffice 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
1	1			0	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.33

Amount of Each Disbursement this Period

1070.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEW FUND LLC

Mailing Address 8362 TAMARACK VILLAGE #119

City
WOODBURYState
MNZip Code
55125Purpose of Disbursement
NON FED DISB - CONTRIBUTION

Candidate Name

Category/
TypeOffice 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
1	1			0	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.36

Amount of Each Disbursement this Period

350000.00

☐ Memo Item

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

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

726070.00

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. MICHIGAN HOUSE REPUBLICAN CAMPAIGN

Mailing Address PO BOX 15035

City
LANSINGState
MIZip Code
48901Purpose of Disbursement
NON FED DISB - CONTRIBUTION

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	Y
1	1	1		1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.37

Amount of Each Disbursement this Period

48875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SENATE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address PO BOX 12023

City
LANSINGState
MIZip Code
48901Purpose of Disbursement
NON FED DISB - CONTRIBUTION

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	Y
1	1	1		1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

48875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 2200 WILSON BLVD, STE 100

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
NON FED DISB - BANK CHARGES

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	Y
1	1	1		2	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.39

Amount of Each Disbursement this Period

369.50

☐ Memo Item

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

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

98119.50

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. DEGROOT FOR ASSEMBLY

Mailing Address 4127 PLEASANT LANE

City
MOUNT PLEASANTState
WIZip Code
53405

Purpose of Disbursement

VOID CHECK

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB522657

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item SEE M9 2024 SCHEDULE B, LINE 29

Full Name (Last, First, Middle Initial)

B. GOWAN FOR SENATE

Mailing Address PO BOX 1985

City
SIERRA VISTAState
AZZip Code
85636

Purpose of Disbursement

VOID CHECK

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB4581157

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item SEE M6 2024 SCHEDULE B, LINE 29

Full Name (Last, First, Middle Initial)

C. MICHAEL WEBERT FOR DELEGATE

Mailing Address PO BOX 469

City
WARRENTONState
VAZip Code
20188

Purpose of Disbursement

VOID CHECK

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB55544

Amount of Each Disbursement this Period

- 500.00

☐ Memo Item SEE M2 2024 SCHEDULE B, LINE 29

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

- 6500.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

GOPAC Election Fund

Full Name (Last, First, Middle Initial)

A. NEW DIRECTION FUND

Mailing Address 1816 EAST 15TH

City
ADAState
OKZip Code
74820

Purpose of Disbursement

VOID CHECK

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB33211

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item SEE M5 2024 SCHEDULE B, LINE 29

Full Name (Last, First, Middle Initial)

B. OKAID PAC

Mailing Address PO BOX 54645

City
OKLAHOMA CITYState
OKZip Code
73514

Purpose of Disbursement

VOID CHECK

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB77777

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item SEE M5 2024 SCHEDULE B, LINE 29

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

- 10000.00

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

2273537.58