

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DELIVERS 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="2025"/>		17870.25
(b) Cash on Hand at Beginning of Reporting Period.....	111342.10	
(c) Total Receipts (from Line 19)	76830.00	224088.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	188172.10	241958.85
7. Total Disbursements (from Line 31).....	187393.20	241179.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	778.90	778.90
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

Write or Type Committee Name

DELIVERS PAC

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

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).....	15080.00	53005.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15080.00	53005.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	61750.00	137250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	76830.00	190255.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	33833.60
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)).....▶	76830.00	224088.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	76830.00	224088.60

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	3693.20	18429.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3693.20	18429.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	54000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	4500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	4500.00	4550.00
29. Other Disbursements (Including Non-Federal Donations).....	164200.00	164200.00
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)) ..	187393.20	241179.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	187393.20	241179.95

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)	76830.00	190255.00
34. Total Contribution Refunds (from Line 28(d))	4500.00	4550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72330.00	185705.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3693.20	18429.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3693.20	18429.95

**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 6 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
DELIVERS PAC

A. BEEMAN, EARL, RAY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 ALVERMAR RIDGE DR
 City MC LEAN State VA Zip Code 22102-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ERNST & YOUNG U.S. LLP Occupation (for Individual) PARTNER/PRINCIPAL
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 08 / 2025
Transaction ID : A13057418CEA44F93BFB
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. BURM, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 28TH AVE
 City MARION State IA Zip Code 52302-1176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAWKEYE Occupation (for Individual) SVC TECH
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 07 / 02 / 2025
Transaction ID : A09B7103F664B420C87E
 Amount of Each Receipt this Period 50.00
 Memo Item
 EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203-1665
 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 3755.00

Date of Receipt 07 / 02 / 2025
Transaction ID : AA69CF0793FA74654954
 Amount of Each Receipt this Period 50.00
 Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 7 OF 28
<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)
DELIVERS PAC

A. FIALA, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2030 S NELSON ST
 City ARLINGTON State VA Zip Code 22204-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PORTER GROUP Occupation (for Individual) CONSULTANT
 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
 12 / 31 / 2025
Transaction ID : A4C8B7A2EECDD4ED184E
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. FOGG, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4560 SE INTERNATIONAL WAY STE 100
 City MILWAUKIE State OR Zip Code 97222-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONSONUS PHARMACY Occupation (for Individual) CEO
 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
 09 / 30 / 2025
Transaction ID : A12124730B0AE4B919AA
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. GUSTAFSON, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 26TH ST S
 City ARLINGTON State VA Zip Code 22206-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NATIONAL ASSOC. OF BRADCASTERS Occupation (for Individual) SVP GOV RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2025
Transaction ID : AB8F96AF6EC0243288D0
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 EARMARKED THROUGH NATIONAL ASSOCIATION OF BROADCASTERS PAC (NABPAC)

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 28
	<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)
DELIVERS PAC

A. NATIONAL ASSOCIATION OF BROADCASTERS PAC (NABPAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 M ST SE
 City WASHINGTON State DC Zip Code 20003-3512
 FEC ID number of contributing federal political committee. **C** C00009985
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 16 / 2025
Transaction ID : ACF71B3A3BDCB4C0E89C
 Amount of Each Receipt this Period 2000.00
 Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. LOVENG, JEFF, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2107 MARLBORO DR
 City ALEXANDRIA State VA Zip Code 22304-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SBL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2025
Transaction ID : AEC1DB685C4314D39A8A
 Amount of Each Receipt this Period 500.00
 Memo Item

C. LUDWIG, MARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 RAINBOW LN
 City FERNLEY State NV Zip Code 89408-7213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 07 / 02 / 2025
Transaction ID : A2B095552C79948BAA0B
 Amount of Each Receipt this Period 20.00
 Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 9 OF 28
	<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)
DELIVERS PAC

A. WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

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 ▼
3755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2025

Transaction ID : A7D12E17370374A8B899

Amount of Each Receipt this Period
20.00

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. MARQUIS, THOMAS, , ,

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

Mailing Address 1419 S MAIN ST

City PRINCETON State IL Zip Code 61356-2442

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

Name of Employer (for Individual) Occupation (for Individual)
MARQUIS MANAGEMENT VP DIRECTOR OF MARKETING

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
 12 / 30 / 2025

Transaction ID : A609D7D71DC24420E8B2

Amount of Each Receipt this Period
5000.00

Memo Item

C. NOVOTNEY, JOSHUA, , ,

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

Mailing Address 208 CHRISTIAN ST

City PHILADELPHIA State PA Zip Code 19147-4217

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

Name of Employer (for Individual) Occupation (for Individual)
SBL STRATEGIES PARTNER

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
 09 / 16 / 2025

Transaction ID : AADE2ECFD976C4C3E8ED

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 10 OF 28
	<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)
DELIVERS PAC

A. SCHROER, GERALD, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 MUIRFIELD AVE NW
 City CANTON State OH Zip Code 44708-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEALTHCORE Occupation (for Individual) HEALTHCARE EXEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2025
Transaction ID : AFFA9F11E13984C01AF7
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. TORRES, NILSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2824 MCINTOSH CT
 City LANCASTER State TX Zip Code 75134-4911
 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 ▼ 20.00

Date of Receipt 07 / 02 / 2025
Transaction ID : A87E3CFFCD60D4D5F878
 Amount of Each Receipt this Period 10.00
 Memo Item
 EARMARKED THROUGH WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 FAIRFAX DR STE 600
 City ARLINGTON State VA Zip Code 22203-1665
 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 ▼ 3755.00

Date of Receipt 07 / 02 / 2025
Transaction ID : AD1095AA6032D47D69A2
 Amount of Each Receipt this Period 10.00
 Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00
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 11 OF 28
(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)
DELIVERS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLCOX, DARREN, , ,

Mailing Address 9696 MILL RIDGE LN
FL 7

City GREAT FALLS	State VA	Zip Code 22066-2300
---------------------	-------------	------------------------

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

Name of Employer (for Individual) W STRATEGIES	Occupation (for Individual) CONSULTANT
---	---

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
 07 / 23 / 2025

Transaction ID : A3560D8ECC6E341A19BE

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 9696 MILL RIDGE LN
FL 7

City GREAT FALLS	State VA	Zip Code 22066-2300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) W STRATEGIES	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2025

Transaction ID : A39772A41F75A451A83E

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLCOX, DARREN, , ,

Mailing Address 9696 MILL RIDGE LN
FL 7

City GREAT FALLS	State VA	Zip Code 22066-2300
---------------------	-------------	------------------------

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

Name of Employer (for Individual) W STRATEGIES	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2025

Transaction ID : A50286BF233D84B59987

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 12 OF 28	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLCOX, JOHN, , ,

Mailing Address 800 MAINE AVE SW
FL 7

City WASHINGTON State DC Zip Code 20024-2818

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

Name of Employer (for Individual) CORNERSTONE Occupation (for Individual) CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2025

Transaction ID : A3525538819AC4190BFB

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	15080.00

**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 13 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. 31 DAYS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 30844**

City BETHESDA	State MD	Zip Code 20824-0844
FEC ID number of contributing federal political committee. C C00786368		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
12 / 30 / 2025
Transaction ID : ADFB3A22D0CEC42D2A55

Amount of Each Receipt this Period
2500.00

Memo Item

B. ABRAHAM LINCOLN PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **824 S MILLEDGE AVE, STE 101**

City ATHENS	State GA	Zip Code 30605
FEC ID number of contributing federal political committee. C C00631051		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
12 / 30 / 2025
Transaction ID : AD10DDCC136114912881

Amount of Each Receipt this Period
5000.00

Memo Item

C. AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AKIN GUMP PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **2001 K ST NW**

City WASHINGTON	State DC	Zip Code 20006-1001
FEC ID number of contributing federal political committee. C C00104901		
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 750.00

Date of Receipt
10 / 08 / 2025
Transaction ID : AEDDDF98F4C8C4551ABF

Amount of Each Receipt this Period
750.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8250.00
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 14 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
DELIVERS PAC

A. ALLIANT ENERGY CORPORATION EMPLOYEE'S POLITICAL ACTION COMM
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 PENNSYLVANIA AVE NW
 STE 330
 City WASHINGTON State DC Zip Code 20004-3653
 FEC ID number of contributing federal political committee. **C** C00132092
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 30 / 2025**
Transaction ID : A25FAAF1ABFC34758AFA
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F ST NW
 STE 1000
 City WASHINGTON State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C** C00382424
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 08 / 2025**
Transaction ID : AC178E92D59C444A78C2
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC (ASA PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1061 AMERICAN LN
 City SCHAUMBURG State IL Zip Code 60173-4973
 FEC ID number of contributing federal political committee. **C** C00255752
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 22 / 2025**
Transaction ID : A4520B1D1F4DB4FDB9E8
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 15 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. AUGUST PFLUGER FOR CONGRESS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3530
 City SAN ANGELO State TX Zip Code 76902-3530
 FEC ID number of contributing federal political committee. **C** C00719294
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2025
Transaction ID : ADB146CCD983F4901B04
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 179
 City ELK RIVER State MN Zip Code 55303
 FEC ID number of contributing federal political committee. **C** C00592089
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2025
Transaction ID : A7B66199269E04497B26
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. FIELD OF DREAMS PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 153
 City LITCHFIELD State MN Zip Code 55355-0153
 FEC ID number of contributing federal political committee. **C** C00818542
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2025
Transaction ID : A0D2D7C474C5D4D6AB79
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. GREAT PLAINS PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 1084

City SALINA	State KS	Zip Code 67402-1084
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00758433

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2025
Transaction ID : A77B64CD531D04ED5B3A

Amount of Each Receipt this Period
1000.00

Memo Item

B. GUARDIAN PHARMACY SERVICES INC. PAC (GUARDIAN PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 300 GALLERIA PKWY SE STE 800

City ATLANTA	State GA	Zip Code 30339-5949
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00899591

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2025
Transaction ID : A00321022964B4227B7E

Amount of Each Receipt this Period
2500.00

Memo Item

C. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025
Transaction ID : A8D6753C534DE431994F

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 17 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ITC HOLDINGS CORP. PAC (ITC PAC)

Mailing Address 201 TOWNSEND ST
STE 900

City LANSING State MI Zip Code 48933-1529

FEC ID number of contributing federal political committee. **C** C00388462

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 08 / 2025
Transaction ID : AB71BB58508C14CB28CD

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACKSON HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY FEDERAL SSF (JACKSON NATIONAL FE...

Mailing Address 1 CORPORATE WAY

City LANSING State MI Zip Code 48951-1001

FEC ID number of contributing federal political committee. **C** C00686055

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 08 / 2025
Transaction ID : A74F8D0FC6EE74D26B4F

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JACKSON HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY FEDERAL SSF (JACKSON NATIONAL FE...

Mailing Address 1 CORPORATE WAY

City LANSING State MI Zip Code 48951-1001

FEC ID number of contributing federal political committee. **C** C00686055

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 30 / 2025
Transaction ID : A89DBDBE2670C45EEAF7

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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 18 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCEMENT OF COTTON

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 2995

City CORDOVA	State TN	Zip Code 38088-2995
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2025

Transaction ID : A04F84AC618764825859

Amount of Each Receipt this Period
2500.00

Memo Item

B. NATIONAL TANK TRUCK CARRIERS INC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4300 WILSON BLVD
STE 520

City ARLINGTON	State VA	Zip Code 22203-4178
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00188011

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2025

Transaction ID : A736CDD5E801D43B2B13

Amount of Each Receipt this Period
2500.00

Memo Item

C. RV INDUSTRY ASSOCIATION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 13221 WOODLAND PARK RD

City HERNDON	State VA	Zip Code 20171-3000
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00679530

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2025

Transaction ID : A5E8E119CAB544493A24

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SENIOR CARE PHARMACY COALITION PAC

Mailing Address 2020 PENNSYLVANIA AVE NW
STE 183

City WASHINGTON State DC Zip Code 20006-1811

FEC ID number of contributing federal political committee. **C** C00615203

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
10 / 08 / 2025
Transaction ID : A31AB110F3D6147E2B63

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STAR POLITICAL ACTION COMMITTEE

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

FEC ID number of contributing federal political committee. **C** C00636837

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 30 / 2025
Transaction ID : A4A583FA56C8C418785C

Amount of Each Receipt this Period
2000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. THE EYE OF THE TIGER PAC

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2025
Transaction ID : AF8CC875B520D4C44BC0

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00

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 20 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. TRANSAMERICA CORPORATION PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 13TH ST NW
STE 400B

City WASHINGTON State DC Zip Code 20005-3008

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : A30A3E98E6C76443189D

Amount of Each Receipt this Period
1000.00

Memo Item

B. TYSON FOODS INC PAC (TYPAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 F ST NW

City WASHINGTON State DC Zip Code 20004-1408

FEC ID number of contributing federal political committee. **C** C00169821

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : A50AC2085C3F54560BE1

Amount of Each Receipt this Period
5000.00

Memo Item

C. VERIZON COMMUNICATIONS, INC. PAC (VERIZON PAC)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 I ST NW
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : ABC6D209753E142E6982

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. YOUR OHIO REPUBLICAN TEAM
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 30844

City BETHESDA	State MD	Zip Code 20824-0844
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00706176

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2025

Transaction ID : A54E90B20BCC48F5A20

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	61750.00

**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)
DELIVERS PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 31 / 2025

FEC Identification Number
C

Transaction ID : **B9246DB5A7**

Amount of Each Disbursement this Period
60.60

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2025

FEC Identification Number
C

Transaction ID : **BC451D0CA6**

Amount of Each Disbursement this Period
80.90

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
SUITE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2025

FEC Identification Number
C

Transaction ID : **B3E82673B4**

Amount of Each Disbursement this Period
60.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 202.10

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)
DELIVERS PAC

Full Name (Last, First, Middle Initial) A. ARISTOTLE INTERNATIONAL		Date of Disbursement MM / DD / YYYY 09 / 19 / 2025	
Mailing Address PO BOX 716045		FEC Identification Number C [REDACTED] Transaction ID : B5261E2347F	
City PHILADELPHIA	State PA	Zip Code 19171-6045	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement DATABASE		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL		Date of Disbursement MM / DD / YYYY 12 / 18 / 2025	
Mailing Address PO BOX 716045		FEC Identification Number C [REDACTED] Transaction ID : BAA3DEE2D	
City PHILADELPHIA	State PA	Zip Code 19171-6045	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement DATABASE		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 07 / 03 / 2025	
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : B2BF84FC34	
City KANSAS CITY	State MO	Zip Code 64112-1244	Amount of Each Disbursement this Period 355.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1555.00
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)
DELIVERS PAC

Full Name (Last, First, Middle Initial) A. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 08 / 06 / 2025	
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : B0D5A28FE6	
City KANSAS CITY	State MO	Zip Code 64112-1244	Amount of Each Disbursement this Period 355.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2025	
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : B500BB89E7I	
City KANSAS CITY	State MO	Zip Code 64112-1244	Amount of Each Disbursement this Period 355.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. AXCAPITAL, LLC		Date of Disbursement MM / DD / YYYY 10 / 03 / 2025	
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C [REDACTED] Transaction ID : BB2EDE95B:	
City KANSAS CITY	State MO	Zip Code 64112-1244	Amount of Each Disbursement this Period 355.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	1065.00
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)
DELIVERS PAC

A. AXCAPITAL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 800 W 47TH ST
STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2025

FEC Identification Number: C

Transaction ID : B0292969B9

Amount of Each Disbursement this Period: 355.00

Memo Item

B. AXCAPITAL, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 800 W 47TH ST
STE 200

City KANSAS CITY State MO Zip Code 64112-1244

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 05 / 2025

FEC Identification Number: C

Transaction ID : BCD55C9434

Amount of Each Disbursement this Period: 355.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 710.00

TOTAL This Period (last page this line number only)..... ▶ 3532.10

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

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. **BUDDY CARTER FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 10570

M M M	/	D D D	/	Y Y Y Y Y
09		26		2025

City
SAVANNAH

State
GA

Zip Code
31412-0770

FEC Identification Number

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/ Type

C C00543967
Transaction ID : BC946DDB53

Candidate Name
CARTER, EARL, LEROY, ,

Amount of Each Disbursement this Period
10000.00

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Memo Item

B. **SALAZAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3725 W FLAGLER ST
281

M M M	/	D D D	/	Y Y Y Y Y
07		02		2025

City
CORAL GABLES

State
FL

Zip Code
33134-1601

FEC Identification Number

Purpose of Disbursement
POLITICAL CONTRIBUTION

011
Category/ Type

C C00714261
Transaction ID : B1B52380C9C

Candidate Name
SALAZAR, MARIA, ELVIRA, ,

Amount of Each Disbursement this Period
5000.00

Office Sought: House
 Senate
 President
State: FL District: 27

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

Category/ Type

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

15000.00

15000.00

**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 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DELIVERS PAC

A. JACKSON HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY FEDERAL SSF (JACKSON NATIONAL FE...

Full Name (Last, First, Middle Initial)

Mailing Address 1 CORPORATE WAY

City LANSING State MI Zip Code 48951-1001

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name JACKSON HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY FEDERAL SSF (JACKSON NATIONAL FE...

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 14 / 2025

FEC Identification Number C00686055

Transaction ID : B6E35D0FDE

Amount of Each Disbursement this Period 2000.00

Memo Item

B. RV INDUSTRY ASSOCIATION PAC

Full Name (Last, First, Middle Initial)

Mailing Address 13221 WOODLAND PARK RD

City HERNDON State VA Zip Code 20171-3000

Purpose of Disbursement REFUND OF CONTRIBUTIONS

Candidate Name RV INDUSTRY ASSOCIATION PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 18 / 2025

FEC Identification Number C00679530

Transaction ID : B96D62D466!

Amount of Each Disbursement this Period 2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DELIVERS PAC

Full Name (Last, First, Middle Initial)

A. FEENSTRA FOR GOVERNOR

Mailing Address 641 2ND ST

City
HULL

State
IA

Zip Code
51239-7323

Purpose of Disbursement
STATE POLITICAL CONTRIBUTION

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2025
 Primary General
 Other (specify) **ANNUAL**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2025			

FEC Identification Number

C []

Transaction ID : B1020200C05

Amount of Each Disbursement this Period

164200.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

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

Category/
Type

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

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

164200.00

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

164200.00