

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

LAUREL LEE FOR CONGRESS, INC.

ADDRESS (number and street)

P.O. BOX 47556



Check if different than previously reported. (ACC)

TAMPA

FL

33646

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00815373

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

15

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)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

11 / 26 / 2024

through

M M / D D / Y Y Y Y

12 / 31 / 2024

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

Type or Print Name of Treasurer CRATE, BRADLEY, , ,

Signature of Treasurer

CRATE, BRADLEY, , ,

Date

M M / D D / Y Y Y Y

01 / 31 / 2025

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  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 26 / 2024

To:

M M / D D / Y Y Y Y  
12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	8190.18	9834.38
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	8190.18	9834.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	50308.15	105526.26
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	50308.15	105526.26
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	434770.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	38066.48	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 26 / 2024

To:

M M / D D / Y Y Y Y  
12 / 31 / 2024**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

500.00

1000.00

(ii) Unitemized .....

690.18

1834.38

(iii) TOTAL of contributions  
from individuals ▶

1190.18

2834.38

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

7000.00

7000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

8190.18

9834.38

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

8190.18

9834.38

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50308.15	105526.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50308.15	105526.26

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	476888.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8190.18
25. SUBTOTAL (add Line 23 and Line 24).....	485078.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50308.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	434770.50

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MACKINNON, JEFFREY, , ,

A. Mailing Address 3753 OLIVER ST NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FARRAGUT PARTNERS

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2024			

Transaction ID : SA11AI.16019

Amount of Each Receipt this Period

500.00



Memo Item

EARMARKED THROUGH WINRED [SA11AI.15932]

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3400.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2024			

Transaction ID : SA11AI.15925

Amount of Each Receipt this Period

246.51



Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IS REQUIRED

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3737.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2024			

Transaction ID : SA11AI.15929

Amount of Each Receipt this Period

336.60



Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IS REQUIRED

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

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

500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3768.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 12 2024

Transaction ID : SA11AI.15930

Amount of Each Receipt this Period

30.69

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3792.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 13 2024

Transaction ID : SA11AI.15931

Amount of Each Receipt this Period

24.75

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4306.61

Date of Receipt

M M / D D / Y Y Y Y Y  
12 16 2024

Transaction ID : SA11AI.15932

Amount of Each Receipt this Period

513.86

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LAUREL LEE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)  
WINRED

**A.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4331.36

Date of Receipt

M M / D D / Y Y Y Y Y  
12 17 2024

Transaction ID : SA11AI.15933

Amount of Each Receipt this Period

24.75

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)  
WINRED

**B.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4416.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2024

Transaction ID : SA11AI.15934

Amount of Each Receipt this Period

85.14

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)  
WINRED

**C.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4441.25

Date of Receipt

M M / D D / Y Y Y Y Y  
12 24 2024

Transaction ID : SA11AI.15935

Amount of Each Receipt this Period

24.75

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

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

0.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)  
WINRED

A. Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4443.38

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		26		2024

Transaction ID : SA11AI.15936

Amount of Each Receipt this Period

2.13

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)  
WINRED

B. Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4344.38

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		31		2024

Transaction ID : SA11AI.15937

Amount of Each Receipt this Period

- 99.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED: ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

0.00

500.00

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

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



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 19

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ALTICOR, INC. POLITICAL ACTION COMMITTEE ALTIPAC

A.

Mailing Address 7575 FULTON STREET EAST

ATTN: MAX FRANTZ 52-2F

City

ADA

State

MI

Zip Code

49355

FEC ID number of contributing  
federal political committee.

C C00034884

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 10 2024

Transaction ID : SA11C.16048

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

B.

Mailing Address 1615 H STREET NORTHWEST

City

WASHINGTON

State

DC

Zip Code

20062

FEC ID number of contributing  
federal political committee.

C C00082040

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 23 2024

Transaction ID : SA11C.16050

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

META PLATFORMS, INC. PAC

C.

Mailing Address 575 7TH ST NW, 7TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C C00502906

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2024

Transaction ID : SA11C.16051

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 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LAUREL LEE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

**A.**

Mailing Address 12010 SUNSET HILLS ROAD

City  
RESTONState  
VAZip Code  
20190FEC ID number of contributing  
federal political committee.**C** C00300418

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		31		2024

Transaction ID : SA11C.16052

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATIONS, INC. POLITICAL ACTION COMMITTEE (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 500 EAST  
ATTN: TAYLOR CRAIGCity  
WASHINGTONState  
DCZip Code  
20005FEC ID number of contributing  
federal political committee.**C** C00186288

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA11C.16053

Amount of Each Receipt this Period

1500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-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)..... ►

2500.00

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

7000.00

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

PAGE 11 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City  
FORT WORTHState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.15943

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City  
FORT WORTHState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.15944

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

City  
NEW YORKState  
NYZip Code  
10285

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

9883.15

Transaction ID : SB17.15945

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

9983.05

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

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

PAGE 12 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. BARTLINSKI, BETTY, GRACE, ,**Mailing Address 949 FIRST STREET SE  
APT 513City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.15971

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BASCOM COMMUNICATIONS & CONSULTING, LLC**

Mailing Address 217 SOUTH ADAMS STREET

City  
TALLAHASSEEState  
FLZip Code  
32301Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

101.00

Transaction ID : SB17.15946

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND/OR BEVERAGES

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.15947

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

400.00

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

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

PAGE 13 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND/OR BEVERAGES

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

82.00

Transaction ID : SB17.15948

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSENSUS MEDIA, LLC**Mailing Address 201 S. ORANGE AVENUE  
SUITE #950City  
ORLANDOState  
FLZip Code  
32801Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11650.00

Transaction ID : SB17.15949

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEUSENBERRY, MEGAN, , ,**Mailing Address 10 K ST. SE  
APT. 705City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.15972

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12732.00

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

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

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. GRAND VALLEY CONSULTING, LLC**

Mailing Address 1931 BEAVER LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City  
MCLEANState  
VAZip Code  
22101

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3725.57

Transaction ID : SB17.15950

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. GUSTO**

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City  
SAN FRANCISCOState  
CAZip Code  
94107

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

153.00

Transaction ID : SB17.15951

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. GUSTO**

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City  
SAN FRANCISCOState  
CAZip Code  
94107

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.15952

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

3924.57

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

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

PAGE 15 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. GUSTO**

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2024

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

153.00

Transaction ID : SB17.15953

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

153.00

Transaction ID : SB17.15954

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOFFMAN, LANDON, , ,**

Mailing Address 2023 MIDDLEWOOD DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2024

City  
TALLAHASSEEState  
FLZip Code  
32312Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.15973

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2306.00

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

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

PAGE 16 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. HOFFMAN, LANDON, , ,**

Mailing Address 2023 MIDDLEWOOD DR

City  
TALLAHASSEEState  
FLZip Code  
32312Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : SB17.15974

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MOSER, MEAGAN, , ,**

Mailing Address P.O. BOX 47556

City  
TAMPAState  
FLZip Code  
33646Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

923.50

Transaction ID : SB17.15975

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MOSER, MEAGAN, , ,**

Mailing Address P.O. BOX 47556

City  
TAMPAState  
FLZip Code  
33646Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

923.50

Transaction ID : SB17.15976

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16847.00

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



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

PAGE 17 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. MOSER, MEAGAN, , ,**

Mailing Address P.O. BOX 47556

City  
TAMPAState  
FLZip Code  
33646Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

923.50

Transaction ID : SB17.15977

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN MAIN STREET PARTNERSHIP**

Mailing Address 411 NEW JERSEY AVENUE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.15955

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BIG BLUE BBQ**

Mailing Address PO BOX 155

City  
NEW PORT RICHEYState  
FLZip Code  
34652Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.15956

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3723.50

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

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

PAGE 18 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

72.53

Transaction ID : SB17.15957

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

86.27

Transaction ID : SB17.15958

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
STE 400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

144.53

Transaction ID : SB17.15959

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

303.33

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

50219.45

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 19

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LAUREL LEE FOR CONGRESS, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**BASCOM COMMUNICATIONS & CONSULTING, LLC**

Nature of Debt (Purpose):

COMMUNICATIONS CONSULTING

Mailing Address 217 SOUTH ADAMS STREET

City

TALLAHASSEE

State

FL

Zip Code

32301

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.16054

Amount Incurred This Period

3240.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3240.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**GRAND VALLEY CONSULTING, LLC**

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 1931 BEAVER LANE

City

MCLEAN

State

VA

Zip Code

22101

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.16055

Amount Incurred This Period

27326.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

27326.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**PROSEQUENCE, LLC**

Nature of Debt (Purpose):

GENERAL POLITICAL CONSULTING

Mailing Address PO BOX 10666

City

TALLAHASSEE

State

FL

Zip Code

32302

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

1) **SUBTOTALS** This Period This Page (optional) .....

38066.48

2) **TOTALS** This Period (last page this line number only) .....

38066.48

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

38066.48