

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

Office Use Only

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

12FE4M5

NO LABELS 2024

ADDRESS (number and street)

PO BOX 65708

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00827543

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

RAWLINGS, MICHAEL, , ,

Signature of Treasurer

RAWLINGS, MICHAEL, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NO LABELS 2024

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		6170.75
(b) Cash on Hand at Beginning of Reporting Period.....	1397245.75	
(c) Total Receipts (from Line 19)	650144.85	2149475.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2047390.60	2155646.24
7. Total Disbursements (from Line 31)	140163.52	248419.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1907227.08	1907227.08
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)	128231.49	



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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NO LABELS 2024

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2023

To:

M M / D D / Y Y Y Y Y
12 31 2023**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).....

560682.35

1945249.51

(ii) Unitemized

89447.50

204210.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

650129.85

2149460.49

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

650129.85

2149460.49

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

15.00

15.00

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))

650144.85

2149475.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

650144.85

2149475.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	140163.52	212223.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	140163.52	212223.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	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	36196.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	36196.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	140163.52	248419.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140163.52	248419.16

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)	650129.85	2149460.49
34. Total Contribution Refunds (from Line 28(d))	0.00	36196.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	650129.85	2113264.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	140163.52	212223.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140148.52	212208.16

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

FOR LINE NUMBER: PAGE 6 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. ADAMS, GEORGE, , ,

Mailing Address 3121 E VINA DEL MAR BLVD

City
ST PETE BEACHState
FLZip Code
33706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11Al.13442

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. ALBA, CHRIS, , ,

Mailing Address 27489 S LAZY MEADOW WAY

City
SPRINGState
TXZip Code
77386FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2023

Transaction ID : SA11Al.14752

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. ALBISTON, BRUCE, , ,Mailing Address 6027 VILLAGE ON THE GREEN RD
130City
CARRABASSETT VALLEYState
MEZip Code
04947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADAPTIVE OUTDOOR EDUCATION CENTEROccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2023

Transaction ID : SA11Al.10862

Amount of Each Receipt this Period

100.00

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

230.83

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

FOR LINE NUMBER: PAGE 7 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. ALLSOP, BRENT, , ,

Mailing Address 2204 E 10000 S

City
SANDYState
UTZip Code
84092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CANONIZERCOM LLCOccupation (for Individual)
FOUNDING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : SA11Al.11146

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. AMBURN, SHANNON, , ,

Mailing Address 1614 SW WALTERS DR

City
GRESHAMState
ORZip Code
97080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2023

Transaction ID : SA11Al.10704

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. AMBURN, SHANNON, , ,

Mailing Address 1614 SW WALTERS DR

City
GRESHAMState
ORZip Code
97080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2023

Transaction ID : SA11Al.10705

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

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

1146.78

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

FOR LINE NUMBER: PAGE 8 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. AMBURN, SHANNON, , ,

Mailing Address 1614 SW WALTERS DR

City
GRESHAMState
ORZip Code
97080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2023

Transaction ID : SA11Al.10706

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. AMBURN, SHANNON, , ,

Mailing Address 1614 SW WALTERS DR

City
GRESHAMState
ORZip Code
97080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11Al.10707

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. AMBURN, SHANNON, , ,

Mailing Address 1614 SW WALTERS DR

City
GRESHAMState
ORZip Code
97080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

419.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2023

Transaction ID : SA11Al.10708

Amount of Each Receipt this Period

52.40

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

157.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. AMIS, LYNN, , ,

Mailing Address 321 S 89TH CT

City
OMAHAState
NEZip Code
68114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2023

Transaction ID : SA11AI.13619

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. AMIS, LYNN, , ,

Mailing Address 321 S 89TH CT

City
OMAHAState
NEZip Code
68114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.14073

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. ANDERSON, PAUL, , ,

Mailing Address 249 CUMNOR RD

City
KENILWORTHState
ILZip Code
60043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KIRKLAND & ELLIS LLPOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.11464

Amount of Each Receipt this Period

1041.98

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

2541.98

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

FOR LINE NUMBER: PAGE 10 OF 232

(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)

NO LABELS 2024

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

A. BAILEY, BRYAN, , ,

Mailing Address 6130 DESCO DR

City
DALLASState
TXZip Code
75225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DALFORT CAPITAL PARTNERSOccupation (for Individual)
FINANCE PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2023

Transaction ID : SA11Al.11100

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

B. BALDWIN, CHRIS, , ,

Mailing Address 3619 WILLIAMSBURG CT

City
WOODBURYState
MNZip Code
55129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.79

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2023

Transaction ID : SA11Al.12902

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. BALDWIN, CHRIS, , ,

Mailing Address 3619 WILLIAMSBURG CT

City
WOODBURYState
MNZip Code
55129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2023

Transaction ID : SA11Al.13579

Amount of Each Receipt this Period

52.40

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

10104.80

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

FOR LINE NUMBER: PAGE 11 OF 232

(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)

NO LABELS 2024

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

A. BALDWIN, CHRIS, , ,

Mailing Address 3619 WILLIAMSBURG CT

City
WOODBURYState
MNZip Code
55129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2023

Transaction ID : SA11AI.14368

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. BALDWIN, CHRIS, , ,

Mailing Address 3619 WILLIAMSBURG CT

City
WOODBURYState
MNZip Code
55129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2023

Transaction ID : SA11AI.14755

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. BARKER, JAMES, , ,

Mailing Address 10 NAIOMI DR

City
GLOUCESTERState
MAZip Code
01930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2023

Transaction ID : SA11AI.12659

Amount of Each Receipt this Period

25.00

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

129.80

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

FOR LINE NUMBER: PAGE 12 OF 232

(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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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)

NO LABELS 2024

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

A. BARKER, JAMES, , ,

Mailing Address 10 NAIOMI DR

City
GLOUCESTERState
MAZip Code
01930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.48

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2023

Transaction ID : SA11AI.12838

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. BARKER, JAMES, , ,

Mailing Address 10 NAIOMI DR

City
GLOUCESTERState
MAZip Code
01930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.48

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2023

Transaction ID : SA11AI.13278

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. BARKER, JAMES, , ,

Mailing Address 10 NAIOMI DR

City
GLOUCESTERState
MAZip Code
01930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

279.48

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11AI.14038

Amount of Each Receipt this Period

25.00

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. BARKER, JAMES, , ,

Mailing Address 10 NAIOMI DR

City
GLOUCESTERState
MAZip Code
01930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2023

Transaction ID : SA11AI.14694

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

C. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11AI.12142

Amount of Each Receipt this Period

10.73

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

46.46

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

FOR LINE NUMBER: PAGE 14 OF 232

(check only one)

<input checked="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
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

NO LABELS 2024

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

A. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.12638

Amount of Each Receipt this Period

15.98

☐ Memo Item

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

B. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.18

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2023

Transaction ID : SA11AI.12833

Amount of Each Receipt this Period

15.98

☐ Memo Item

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

C. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.16

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11AI.13251

Amount of Each Receipt this Period

15.98

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

47.94

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

FOR LINE NUMBER: PAGE 15 OF 232

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

NO LABELS 2024

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

A. BARNETT, MILES, , ,

Mailing Address 6037 OZARK DR

City
HIGH RIDGEState
MOZip Code
63049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.14015

Amount of Each Receipt this Period

15.98

☐ Memo Item

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

B. BEACHBOARD, JOSEPH, , ,

Mailing Address 4332 CANYON VIEW LN

City
PALOS VERDES PENINSULAState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEACHBOARD CONSULTING GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2023

Transaction ID : SA11Al.10365

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. BEACHBOARD, JOSEPH, , ,

Mailing Address 4332 CANYON VIEW LN

City
PALOS VERDES PENINSULAState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEACHBOARD CONSULTING GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2023

Transaction ID : SA11Al.10366

Amount of Each Receipt this Period

75.00

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

165.98

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

FOR LINE NUMBER: PAGE 16 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. BEACHBOARD, JOSEPH, , ,

Mailing Address 4332 CANYON VIEW LN

City
PALOS VERDES PENINSULAState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEACHBOARD CONSULTING GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.10367

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. BEACHBOARD, JOSEPH, , ,

Mailing Address 4332 CANYON VIEW LN

City
PALOS VERDES PENINSULAState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEACHBOARD CONSULTING GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : SA11AI.10368

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. BEACHBOARD, JOSEPH, , ,

Mailing Address 4332 CANYON VIEW LN

City
PALOS VERDES PENINSULAState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEACHBOARD CONSULTING GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2023

Transaction ID : SA11AI.10369

Amount of Each Receipt this Period

75.00

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. BERGSTROM, HANS, , ,

Mailing Address 7303 NE 8TH DR

City
BOCA RATONState
FLZip Code
33487FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12254

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. BERNARD, JOAN, , ,

Mailing Address 825 MOREWOOD AVE

City
PITTSBURGHState
PAZip Code
15213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2023

Transaction ID : SA11AI.14726

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. BERNARD, LEWIS, , ,

Mailing Address 7 W 81ST ST

City
NEW YORKState
NYZip Code
10024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1104.48

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.13088

Amount of Each Receipt this Period

104.48

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

2708.96

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

FOR LINE NUMBER: PAGE 18 OF 232

(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)

NO LABELS 2024

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

A. BERTHELSEN, JOHN, , ,

Mailing Address 2216 SIERRA HEIGHTS DR

City
LAS VEGASState
NVZip Code
89134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.13444

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BERTHELSEN, JOHN, , ,

Mailing Address 2216 SIERRA HEIGHTS DR

City
LAS VEGASState
NVZip Code
89134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13772

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BIDSTRUP, PETER, , ,

Mailing Address 4555 E MAYO BLVD

City
PHOENIXState
AZZip Code
85050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 10 / 2023

Transaction ID : SA11AI.12463

Amount of Each Receipt this Period

2500.00

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

2700.00

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

FOR LINE NUMBER: PAGE 19 OF 232

(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)

NO LABELS 2024

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

A. BIGGAR, JAMES, , ,

Mailing Address 5155 ROCKWOOD PKWY NW

City
WASHINGTONState
DCZip Code
20016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 13 / 2023

Transaction ID : SA11AI.12493

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. BJORNES, NORMAN, , , JRMailing Address 3550 E 46TH ST
STE 120City
MINNEAPOLISState
MNZip Code
55406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAKS PROPERTIES SERVICES INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.11929

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

C. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2023

Transaction ID : SA11AI.13029

Amount of Each Receipt this Period

20.00

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

1541.15

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

FOR LINE NUMBER: PAGE 20 OF 232

(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			

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)

NO LABELS 2024

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

A. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11Al.13432

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2023

Transaction ID : SA11Al.13904

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11Al.14089

Amount of Each Receipt this Period

20.00

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

60.00

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

FOR LINE NUMBER: PAGE 21 OF 232

(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)

NO LABELS 2024

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

A. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2023

Transaction ID : SA11AI.14589

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. BLACK, PHILIP, , ,

Mailing Address 7230 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11AI.14738

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. BLACKWELL, PRYOR, , ,

Mailing Address 4301 BEVERLY DR

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BANDERA VENTURESOccupation (for Individual)
COMMERCIAL REAL ESTATE DEVEL

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
07 / 05 / 2023

Transaction ID : SA11AI.10678

Amount of Each Receipt this Period

5000.00

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

5040.00

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

FOR LINE NUMBER: PAGE 22 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. BLESSING, BUCK, , ,

Mailing Address 345 N FRANKLIN ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRIFFISBLESSING INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.10543

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. BLESSING, BUCK, , ,

Mailing Address 345 N FRANKLIN ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRIFFISBLESSING INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2023

Transaction ID : SA11AI.10544

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. BLESSING, BUCK, , ,

Mailing Address 345 N FRANKLIN ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRIFFISBLESSING INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11AI.10545

Amount of Each Receipt this Period

85.00

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

255.00

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

FOR LINE NUMBER: PAGE 23 OF 232

(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)

NO LABELS 2024

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

A. BLESSING, BUCK, , ,

Mailing Address 345 N FRANKLIN ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRIFFISBLESSING INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11AI.10546

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. BLESSING, BUCK, , ,

Mailing Address 345 N FRANKLIN ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRIFFISBLESSING INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11AI.10547

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11AI.12123

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

670.00

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

FOR LINE NUMBER: PAGE 24 OF 232

(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)

NO LABELS 2024

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

A. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

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
08 / 06 / 2023

Transaction ID : SA11AI.12124

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

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
09 / 06 / 2023

Transaction ID : SA11AI.12125

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

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
10 / 06 / 2023

Transaction ID : SA11AI.12126

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11Al.12127

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BORAO, NOELLE, , ,

Mailing Address 14201 W SUNSET BLVD

City
WEST HOLLYWOODState
CAZip Code
90069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIONSHEARTOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11Al.12128

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BOUIC, FRANK, , ,

Mailing Address 9404 HINTON MILL RD

City
OSTRANDERState
OHZip Code
43061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2023

Transaction ID : SA11Al.13857

Amount of Each Receipt this Period

75.00

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

1075.00

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

FOR LINE NUMBER: PAGE 26 OF 232

(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)

NO LABELS 2024

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

A. BOUIC, FRANK, , ,

Mailing Address 9404 HINTON MILL RD

City
OSTRANDERState
OHZip Code
43061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11Al.14296

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BRADLEY, SEAN, , ,

Mailing Address 5434 MALAYA ST

City
DENVERState
COZip Code
80249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRADLEY CAPITAL ENTERPRISEOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2023

Transaction ID : SA11Al.11911

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. BRADLEY, SEAN, , ,

Mailing Address 5434 MALAYA ST

City
DENVERState
COZip Code
80249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRADLEY CAPITAL ENTERPRISEOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11Al.11912

Amount of Each Receipt this Period

52.40

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

154.80

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

FOR LINE NUMBER: PAGE 27 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. BRADLEY, SEAN, , ,

Mailing Address 5434 MALAYA ST

City
DENVERState
COZip Code
80249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRADLEY CAPITAL ENTERPRISEOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2023

Transaction ID : SA11Al.11913

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. BRADY, JIM, , ,

Mailing Address 1500 ANGEL DR

City
SANIBELState
FLZip Code
33957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANTGROUP LPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2023

Transaction ID : SA11Al.10521

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BRADY, JIM, , ,

Mailing Address 1500 ANGEL DR

City
SANIBELState
FLZip Code
33957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANTGROUP LPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2023

Transaction ID : SA11Al.10522

Amount of Each Receipt this Period

100.00

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

252.40

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

FOR LINE NUMBER: PAGE 28 OF 232

(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)

NO LABELS 2024

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

A. BRADY, JIM, , ,

Mailing Address 1500 ANGEL DR

City
SANIBELState
FLZip Code
33957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANTGROUP LPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2023

Transaction ID : SA11AI.10523

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BRADY, JIM, , ,

Mailing Address 1500 ANGEL DR

City
SANIBELState
FLZip Code
33957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANTGROUP LPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2023

Transaction ID : SA11AI.10524

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BRADY, JIM, , ,

Mailing Address 1500 ANGEL DR

City
SANIBELState
FLZip Code
33957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANTGROUP LPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2023

Transaction ID : SA11AI.10525

Amount of Each Receipt this Period

100.00

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

300.00

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

FOR LINE NUMBER: PAGE 29 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. BRANDEAU, GREG, , ,

Mailing Address 5284 LA CANADA BLVD

City
LA CANADA FLINTRIDGEState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.09

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2023

Transaction ID : SA11AI.13973

Amount of Each Receipt this Period

117.09

☐ Memo Item

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

B. BRENNAN, JOHN, , ,Mailing Address 137 MARLBOROUGH ST
APT 9City
BOSTONState
MAZip Code
02116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11AI.14214

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. BRINCKERHOFF, CLARKE, , ,

Mailing Address 4628 BRANDYWINE ST NW

City
WASHINGTONState
DCZip Code
20016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13777

Amount of Each Receipt this Period

104.48

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

326.05

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

FOR LINE NUMBER: PAGE 30 OF 232

(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)

NO LABELS 2024

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

A. BRUE, NORDAHL, , ,

Mailing Address 8903 OAKLAND HILLS DR

City
DELRAY BEACHState
FLZip Code
33446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 12 / 2023

Transaction ID : SA11AI.12486

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. BUHRDORF, ROSS, , ,

Mailing Address 1604 FM 3509

City
BURNETState
TXZip Code
78611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENBUSINESSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2023

Transaction ID : SA11AI.10603

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BUHRDORF, ROSS, , ,

Mailing Address 1604 FM 3509

City
BURNETState
TXZip Code
78611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENBUSINESSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2023

Transaction ID : SA11AI.10604

Amount of Each Receipt this Period

100.00

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

2700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. BUHRDORF, ROSS, , ,

Mailing Address 1604 FM 3509

City
BURNETState
TXZip Code
78611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENBUSINESSOccupation (for Individual)
CEO

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 / 23 / 2023

Transaction ID : SA11AI.10605

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BUHRDORF, ROSS, , ,

Mailing Address 1604 FM 3509

City
BURNETState
TXZip Code
78611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENBUSINESSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2023

Transaction ID : SA11AI.10606

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BUHRDORF, ROSS, , ,

Mailing Address 1604 FM 3509

City
BURNETState
TXZip Code
78611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENBUSINESSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2023

Transaction ID : SA11AI.10607

Amount of Each Receipt this Period

100.00

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

300.00

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

FOR LINE NUMBER: PAGE 32 OF 232

(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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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)

NO LABELS 2024

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

A. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2023

Transaction ID : SA11AI.12778

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2023

Transaction ID : SA11AI.12924

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13778

Amount of Each Receipt this Period

50.00

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

150.00

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

FOR LINE NUMBER: PAGE 33 OF 232

(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)

NO LABELS 2024

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

A. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11Al.14219

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11Al.14395

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. BURKHART, PERRY, , ,

Mailing Address 9822 WINDY RIDGE LN

City
BOWState
WAZip Code
98232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11Al.14770

Amount of Each Receipt this Period

50.00

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

150.00

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

FOR LINE NUMBER: PAGE 34 OF 232

(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			

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)

NO LABELS 2024

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

A. BUTCHER, BEN, , ,Mailing Address 1 DALTON ST
UNIT 4002City
BOSTONState
MAZip Code
02115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10416.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11Al.14740

Amount of Each Receipt this Period

10416.98

☐ Memo Item

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

B. BUTLER, KAREN, , ,

Mailing Address 1947 N HOWE ST

City
CHICAGOState
ILZip Code
60614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2023

Transaction ID : SA11Al.10404

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. BUTLER, KAREN, , ,

Mailing Address 1947 N HOWE ST

City
CHICAGOState
ILZip Code
60614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

574.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.10405

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

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

10479.38

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

FOR LINE NUMBER: PAGE 35 OF 232

(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)

NO LABELS 2024

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

A. CALLAGHAN, DONALD, , ,

Mailing Address 20517 N 93RD PL

City
SCOTTSDALEState
AZZip Code
85255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GLOBAL STRATEGIC INVESTMENT SOLUTIONS

Occupation (for Individual)

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.11379

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. CALLANDER, JOHN, , ,

Mailing Address 705 ARIMO AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VALUE STRATEGIES LLC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2023

Transaction ID : SA11AI.10760

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CALLANDER, JOHN, , ,

Mailing Address 705 ARIMO AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VALUE STRATEGIES LLC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

404.48

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2023

Transaction ID : SA11AI.10761

Amount of Each Receipt this Period

100.00

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

2700.00

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

FOR LINE NUMBER: PAGE 36 OF 232

(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)

NO LABELS 2024

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

A. CALLANDER, JOHN, , ,

Mailing Address 705 ARIMO AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VALUE STRATEGIES LLCOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.10762

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. CALLANDER, JOHN, , ,

Mailing Address 705 ARIMO AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VALUE STRATEGIES LLCOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2023

Transaction ID : SA11AI.10763

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CALLANDER, JOHN, , ,

Mailing Address 705 ARIMO AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VALUE STRATEGIES LLCOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

704.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2023

Transaction ID : SA11AI.10764

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. CANTWELL, CHARLES, , ,

Mailing Address 109 OSPREY BAY

City
WASHINGTONState
NCZip Code
27889FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.13447

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. CARBONNEL, GEOFFROY, M, ,Mailing Address 130 S CANAL ST
APT 625City
CHICAGOState
ILZip Code
60606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORACLEOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2023

Transaction ID : SA11AI.11015

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. CARLL, WADE, , ,

Mailing Address 900 S MEADOWS PKWY

City
RENOState
NVZip Code
89521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

421.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2023

Transaction ID : SA11AI.12938

Amount of Each Receipt this Period

26.35

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

787.08

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

FOR LINE NUMBER: PAGE 38 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CARLL, WADE, , ,

Mailing Address 900 S MEADOWS PKWY

City
RENOState
NVZip Code
89521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.13143

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. CARLL, WADE, , ,

Mailing Address 900 S MEADOWS PKWY

City
RENOState
NVZip Code
89521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2023

Transaction ID : SA11AI.14423

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. CARLSON, KATHLEEN, , ,

Mailing Address 222 GLENDORA AVE

City
OAKWOODState
OHZip Code
45409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11AI.13433

Amount of Each Receipt this Period

52.40

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

103.75

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

FOR LINE NUMBER: PAGE 39 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. CARLSON, KATHLEEN, , ,

Mailing Address 222 GLENDORA AVE

City
OAKWOODState
OHZip Code
45409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11Al.14090

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. CARLSON, KATHLEEN, , ,

Mailing Address 222 GLENDORA AVE

City
OAKWOODState
OHZip Code
45409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11Al.14741

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. CARR, JIM, , ,

Mailing Address 81 PALM AVE

City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CC HOMESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11Al.10532

Amount of Each Receipt this Period

2500.00

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

2604.80

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

FOR LINE NUMBER: PAGE 40 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. CARTWRIGHT, DORSEY, , ,

Mailing Address 1715 NORRIS DR

City
AUSTINState
TXZip Code
78704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR & AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2023

Transaction ID : SA11AI.11326

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

B. CASPARIS, WILLIAM, , ,

Mailing Address 3072 MARBLE RIDGE CT

City
RENOState
NVZip Code
89511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13781

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CASTRO, RODNEY, , ,Mailing Address 1800 BEACH DR
UNIT 340City
GULFPORTState
MSZip Code
39507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11AI.14091

Amount of Each Receipt this Period

26.35

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

15126.35

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

FOR LINE NUMBER: PAGE 41 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CASTRO, RODNEY, , ,Mailing Address 1800 BEACH DR
UNIT 340City
GULFPORTState
MSZip Code
39507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11Al.14742

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. CAVANAUGH, TERRENCE, W, ,

Mailing Address 190 16TH AVE S

City
NAPLESState
FLZip Code
34102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2023

Transaction ID : SA11Al.13943

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. CAVAROCCHI, NICHOLAS, , ,Mailing Address 2101 CONNECTICUT AVE NW
APT 76City
WASHINGTONState
DCZip Code
20008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2023

Transaction ID : SA11Al.12487

Amount of Each Receipt this Period

300.00

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

1368.33

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

FOR LINE NUMBER: PAGE 42 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CELMER, DOUGLAS, , ,

Mailing Address 1415 BAY AVE

City
ESSEXState
MDZip Code
21221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CELMERS FARM LLCOccupation (for Individual)
RENTAL REAL ESTATE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11Al.12118

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. CHAUMONT, DENNIS, , ,

Mailing Address 325 N BRYANT AVE

City
EDMONDState
OKZip Code
73034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE FARM INSURANCEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11Al.14865

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. CHAUMONT, DENNIS, , ,

Mailing Address 325 N BRYANT AVE

City
EDMONDState
OKZip Code
73034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE FARM INSURANCEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11Al.14866

Amount of Each Receipt this Period

52.40

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

209.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. CHAUMONT, DENNIS, , ,

Mailing Address 325 N BRYANT AVE

City
EDMONDState
OKZip Code
73034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE FARM INSURANCEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11Al.14867

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. CHAUMONT, DENNIS, , ,

Mailing Address 325 N BRYANT AVE

City
EDMONDState
OKZip Code
73034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE FARM INSURANCEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11Al.14868

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. CHURGIN, AMY, , ,Mailing Address 70 E 77TH ST
APT 2CCity
NEW YORKState
NYZip Code
10075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 26 / 2023

Transaction ID : SA11Al.12721

Amount of Each Receipt this Period

1000.00

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

1104.80

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

FOR LINE NUMBER: PAGE 44 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CLARK, STEVE, , ,Mailing Address 1601 S MOPAC EXPY
STE 150City
AUSTINState
TXZip Code
78746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CYPRESS INVESTOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2023

Transaction ID : SA11AI.11792

Amount of Each Receipt this Period

20000.00

☐ Memo Item

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

B. COHEN, MARC, , ,

Mailing Address 308 COTTONWOOD CT

City
PIERMONTState
NYZip Code
10968FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WESTERN CARRIERSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2023

Transaction ID : SA11AI.11032

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. COLEY, ROBERT, , ,

Mailing Address PO BOX 410

City
LAKE TOXAWAYState
NCZip Code
28747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 02 / 2023

Transaction ID : SA11AI.12164

Amount of Each Receipt this Period

1000.00

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

22041.98

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

FOR LINE NUMBER: PAGE 45 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CONRAD, CRAIG, , ,

Mailing Address 8300 VALERIO LN

City
AUSTINState
TXZip Code
78735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1141.98

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12269

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. CONRAD, WILLIAM, , ,

Mailing Address 303 BRENTFORD RD

City
HAVERFORDState
PAZip Code
19041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13784

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. CONWAY, WILLIAM, , ,Mailing Address 7095 WICK LN
APT 209City
CHAGRIN FALLSState
OHZip Code
44023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.13451

Amount of Each Receipt this Period

1041.98

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

2333.96

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

FOR LINE NUMBER: PAGE 46 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. COOK, RACHEL, , ,

Mailing Address 535 ELM RD

City
BARRINGTONState
ILZip Code
60010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2023

Transaction ID : SA11Al.13748

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. COSTANTINO, PETER, , ,

Mailing Address 20 ANDREWS FARM RD

City
GREENWICHState
CTZip Code
06831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2023

Transaction ID : SA11Al.15043

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. COSTANTINO, PETER, , ,

Mailing Address 20 ANDREWS FARM RD

City
GREENWICHState
CTZip Code
06831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURGEON

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
08 / 25 / 2023

Transaction ID : SA11Al.15044

Amount of Each Receipt this Period

100.00

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

304.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. COSTANTINO, PETER, , ,

Mailing Address 20 ANDREWS FARM RD

City
GREENWICHState
CTZip Code
06831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2023

Transaction ID : SA11AI.15045

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. COSTANTINO, PETER, , ,

Mailing Address 20 ANDREWS FARM RD

City
GREENWICHState
CTZip Code
06831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2023

Transaction ID : SA11AI.15046

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. COSTANTINO, PETER, , ,

Mailing Address 20 ANDREWS FARM RD

City
GREENWICHState
CTZip Code
06831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2023

Transaction ID : SA11AI.15047

Amount of Each Receipt this Period

100.00

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

300.00

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

FOR LINE NUMBER: PAGE 48 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CREPEA, STUART, , ,Mailing Address 300 GORGE RD
APT 46City
CLIFFSIDE PARKState
NJZip Code
07010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2023

Transaction ID : SA11AI.12144

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. CREVIER, DONNIE, , ,

Mailing Address CO 18017 SKY PARK CIR

City
IRVINEState
CAZip Code
92614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
10 / 25 / 2023

Transaction ID : SA11AI.14055

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. CROWELL, DAVID, , ,

Mailing Address 2986 FLINTLOCK ST

City
EUGENEState
ORZip Code
97408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2023

Transaction ID : SA11AI.12741

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

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

2280.73

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

FOR LINE NUMBER: PAGE 49 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. CURL, THOMAS, , ,

Mailing Address 2665 BUCKINGHAM PL

City
BROOKFIELDState
WIZip Code
53045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10417.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2023

Transaction ID : SA11AI.12473

Amount of Each Receipt this Period

5208.65

☐ Memo Item

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

B. DAILEY, JEFFREY, , ,

Mailing Address 6780 RIVERCREST DR

City
BRECKSVILLEState
OHZip Code
44141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.12407

Amount of Each Receipt this Period

2604.48

☐ Memo Item

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

C. DAVIDSON, TOM, , ,

Mailing Address 7 SUNRISE CAY DR

City
KEY LARGOState
FLZip Code
33037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2023

Transaction ID : SA11AI.12166

Amount of Each Receipt this Period

250.00

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

8063.13

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

FOR LINE NUMBER: PAGE 50 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. DEL REGNO, JOSEPH, , ,

Mailing Address 5 KENSON DR

City
EAST GREENWICHState
RIZip Code
02818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOME MARKET FOODSOccupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2023

Transaction ID : SA11AI.10657

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. DOW, NANCY, , ,

Mailing Address 13237 OSTERPORT DR

City
SILVER SPRINGState
MDZip Code
20906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2023

Transaction ID : SA11AI.12939

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. DRAPER, HAYWARD, , ,

Mailing Address PO BOX 315

City
LAKE LEELANAUState
MIZip Code
49653FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12279

Amount of Each Receipt this Period

10000.00

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

10075.00

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

FOR LINE NUMBER: PAGE 51 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. DRASDO, JIM, , ,

Mailing Address PO BOX 5738

City
KETCHUMState
IDZip Code
83340FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.14310

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. DROTCH, PETER, , ,

Mailing Address 3 CARRIAGE HILL CIR

City
SOUTHBOROUGHState
MAZip Code
01772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11AI.13048

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. DUNN, SUSAN, , ,

Mailing Address PO BOX 3196

City
PINEHURSTState
NCZip Code
28374FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2023

Transaction ID : SA11AI.13281

Amount of Each Receipt this Period

1041.98

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

1402.71

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

FOR LINE NUMBER: PAGE 52 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. DYER-SMITH, HOWARD, , ,

Mailing Address 5024 TANGLE LN

City
HOUSTONState
TXZip Code
77056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2023

Transaction ID : SA11Al.14146

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. ECK, TOM, , ,

Mailing Address 4012 AUTUMN BLOSSOM LN

City
WAXHAWState
NCZip Code
28173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAAOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2023

Transaction ID : SA11Al.10418

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. EFRON, NEIL, , ,

Mailing Address 6395 EASTPOINTE PINES ST

City
WEST PALM BEACHState
FLZip Code
33418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOBLE PROPERTIESOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1146.46

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2023

Transaction ID : SA11Al.12069

Amount of Each Receipt this Period

1041.98

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

1352.71

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

FOR LINE NUMBER: PAGE 53 OF 232

(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)

NO LABELS 2024

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

A. EHREDT, SCOTT, , ,

Mailing Address 10229 NW BEAVER DR

City
JOHNSTONState
IAZip Code
50131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WELLS FARGOOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.12018

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

B. EIZEMBER, THOMAS, , ,

Mailing Address 46 CRESSBROOK LN

City
COLUMBUSState
NCZip Code
28722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 11 / 2023

Transaction ID : SA11AI.12477

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. EMERSON, JEN, , ,

Mailing Address 3450 SACRAMENTO ST

City
SAN FRANCISCOState
CAZip Code
94118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.12071

Amount of Each Receipt this Period

312.81

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

2512.81

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. EMMERT, ARLAN, , ,

Mailing Address 1934 ABSAROKA ST

City
SPEARFISHState
SDZip Code
57783FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2023

Transaction ID : SA11Al.13561

Amount of Each Receipt this Period

416.98

☐ Memo Item

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

B. EMMERT, ARLAN, , ,

Mailing Address 1934 ABSAROKA ST

City
SPEARFISHState
SDZip Code
57783FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2023

Transaction ID : SA11Al.13985

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. FABRIZIO, KINSEY, , ,

Mailing Address 3008 12TH ST S

City
ARLINGTONState
VAZip Code
22204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONSUMER TECHNOLOGY ASSOCIATIONOccupation (for Individual)
SVP CES AND MEMBERSHIP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11Al.15052

Amount of Each Receipt this Period

260.73

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

1177.71

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. FALK, JOANNE, , ,

Mailing Address 410 POWHATAN HILL PL

City
MANAKIN SABOTState
VAZip Code
23103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11Al.12722

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. FALK, JOANNE, , ,

Mailing Address 410 POWHATAN HILL PL

City
MANAKIN SABOTState
VAZip Code
23103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2023

Transaction ID : SA11Al.12860

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. FALK, JOANNE, , ,

Mailing Address 410 POWHATAN HILL PL

City
MANAKIN SABOTState
VAZip Code
23103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11Al.13353

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 56 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. FALK, JOANNE, , ,

Mailing Address 410 POWHATAN HILL PL

City
MANAKIN SABOTState
VAZip Code
23103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2023

Transaction ID : SA11AI.14065

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. FALK, JOANNE, , ,

Mailing Address 410 POWHATAN HILL PL

City
MANAKIN SABOTState
VAZip Code
23103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2023

Transaction ID : SA11AI.14728

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. FARREN, WILLIAM, , ,

Mailing Address 2200 S OCEAN BLVD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11AI.13354

Amount of Each Receipt this Period

52.40

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

157.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. FARREN, WILLIAM, , ,

Mailing Address 2200 S OCEAN BLVD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.13685

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. FAUNCE, DAVID, , ,

Mailing Address 221 GREEN ST

City
FAIRHAVENState
MAZip Code
02719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE AMBULANCE SOUTHCOAST EMSOccupation (for Individual)
COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.10686

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. FAUNCE, DAVID, , ,

Mailing Address 221 GREEN ST

City
FAIRHAVENState
MAZip Code
02719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE AMBULANCE SOUTHCOAST EMSOccupation (for Individual)
COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11AI.10687

Amount of Each Receipt this Period

35.00

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

122.40

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

FOR LINE NUMBER: PAGE 58 OF 232

(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)

NO LABELS 2024

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

A. FAUNCE, DAVID, , ,

Mailing Address 221 GREEN ST

City
FAIRHAVENState
MAZip Code
02719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE AMBULANCE SOUTHCOAST EMSOccupation (for Individual)
COMPLIANCE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11AI.10688

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. FELTON, BARBARA, , ,

Mailing Address 68 PRICES SWITCH RD

City
WARWICKState
NYZip Code
10990FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.21

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11AI.14235

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. FOGEL, STEVEN, , ,

Mailing Address 1647 TIMBERLAKE MANOR PKWY

City
CHESTERFIELDState
MOZip Code
63017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11AI.11850

Amount of Each Receipt this Period

26.35

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

322.08

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

FOR LINE NUMBER: PAGE 59 OF 232

(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)

NO LABELS 2024

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

A. FOGEL, STEVEN, , ,

Mailing Address 1647 TIMBERLAKE MANOR PKWY

City
CHESTERFIELDState
MOZip Code
63017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2023

Transaction ID : SA11Al.11851

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. FOGEL, STEVEN, , ,

Mailing Address 1647 TIMBERLAKE MANOR PKWY

City
CHESTERFIELDState
MOZip Code
63017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2023

Transaction ID : SA11Al.11856

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. FOGEL, STEVEN, , ,

Mailing Address 1647 TIMBERLAKE MANOR PKWY

City
CHESTERFIELDState
MOZip Code
63017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

358.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11Al.11857

Amount of Each Receipt this Period

52.40

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

131.15

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

FOR LINE NUMBER: PAGE 60 OF 232

(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)

NO LABELS 2024

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

A. FOXWORTH, WALTER, , ,

Mailing Address 12740 HILLCREST RD

City
DALLASState
TXZip Code
75230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11Al.12368

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11Al.12429

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2023

Transaction ID : SA11Al.12786

Amount of Each Receipt this Period

100.00

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

1241.98

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

FOR LINE NUMBER: PAGE 61 OF 232

(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)

NO LABELS 2024

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

A. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2023

Transaction ID : SA11AI.12979

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2023

Transaction ID : SA11AI.13749

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2023

Transaction ID : SA11AI.14454

Amount of Each Receipt this Period

100.00

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

300.00

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

FOR LINE NUMBER: PAGE 62 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. FRANKLIN, CRAIG, , ,

Mailing Address 4629 COUGAR RIDGE RD

City
FORT WORTHState
TXZip Code
76126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11Al.14779

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. FRICK, EMILY, , ,

Mailing Address 30 OVERLOOK RD

City
LOCUST VALLEYState
NYZip Code
11560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11Al.11239

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. GANTZ, BILL, , ,

Mailing Address 72 INDIAN HILL RD

City
WINNETKAState
ILZip Code
60093FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11Al.12286

Amount of Each Receipt this Period

1000.00

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

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. GARTNER, GERALD, , ,

Mailing Address PO BOX 1528

City
HOLLISState
NHZip Code
03049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11AI.14022

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. GEIST, MARK, , ,

Mailing Address 456 OAKSHIRE PL

City
ALAMOState
CAZip Code
94507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.13530

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. GLEBE, GREGORY, , ,

Mailing Address 309 HICKORY ST

City
FORT COLLINSState
COZip Code
80524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
XYLEM DESIGNOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2023

Transaction ID : SA11AI.10601

Amount of Each Receipt this Period

45.00

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

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. GLEBE, GREGORY, , ,

Mailing Address 309 HICKORY ST

City
FORT COLLINSState
COZip Code
80524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
XYLEM DESIGNOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.10602

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. GLEESON, JOHN, , ,

Mailing Address 58 RED BRIDGE DR

City
SIOUX CITYState
IAZip Code
51104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KLINGER COMPANIES INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.11927

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. GLENN, EDWARD, , ,

Mailing Address PO BOX 11059

City
SOUTHPORTState
NCZip Code
28461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORGAN STANLEYOccupation (for Individual)
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.11900

Amount of Each Receipt this Period

26.35

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

1130.83

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

FOR LINE NUMBER: PAGE 65 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. GLENN, EDWARD, , ,

Mailing Address PO BOX 11059

City
SOUTHPORTState
NCZip Code
28461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORGAN STANLEYOccupation (for Individual)
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11AI.11901

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. GOLDBECK, ROGER, , ,

Mailing Address 54 CRESTWOOD RD

City
WEST HARTFORDState
CTZip Code
06107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11AI.12369

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. GOLDBECK, ROGER, , ,

Mailing Address 54 CRESTWOOD RD

City
WEST HARTFORDState
CTZip Code
06107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2023

Transaction ID : SA11AI.13157

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

61.35

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

FOR LINE NUMBER: PAGE 66 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. GOLDBECK, ROGER, , ,

Mailing Address 54 CRESTWOOD RD

City
WEST HARTFORDState
CTZip Code
06107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2023

Transaction ID : SA11Al.13180

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. GOLDBECK, ROGER, , ,

Mailing Address 54 CRESTWOOD RD

City
WEST HARTFORDState
CTZip Code
06107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2023

Transaction ID : SA11Al.14671

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. GOODLING, SCOTT, , ,

Mailing Address 215 VON STEUBEN DR

City
COLLEGEVILLEState
PAZip Code
19426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11Al.13257

Amount of Each Receipt this Period

52.40

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

102.40

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

FOR LINE NUMBER: PAGE 67 OF 232

(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)

NO LABELS 2024

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

A. GORDON, PHILLIP, , ,

Mailing Address 110 N WACKER DR

City
CHICAGOState
ILZip Code
60606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PERKINS COIE LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5104.48

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.10392

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. GOTTESMAN, ANDREW, , ,

Mailing Address 26 MAIN STREET, SUITE 103

City
CHATHAMState
NJZip Code
07928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOTTESMAN REAL ESTATE PARTNERSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.10542

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

C. GREEN, CAROL, , ,

Mailing Address 318 NOBLE FAIRE DR

City
SUN CITY CENTERState
FLZip Code
33573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.28

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.11209

Amount of Each Receipt this Period

52.40

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

55052.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. GREENSPAN, BENNETT, , ,

Mailing Address 5207 BRAEBURN DR

City
BELLAIREState
TXZip Code
77401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11Al.13053

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. GREGORY, JIM, , ,

Mailing Address 4498 CHASE OAKS DR

City
SARASOTAState
FLZip Code
34241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 12 / 2023

Transaction ID : SA11Al.13034

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. GRIESEMER, PAUL, , ,

Mailing Address PO BOX 511152

City
KEY COLONY BEACHState
FLZip Code
33051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11Al.13952

Amount of Each Receipt this Period

300.00

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

3300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. GROSS, ALAN, , ,

Mailing Address 11520 READER RD

City
ANCHORAGEState
AKZip Code
99516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 24 / 2023

Transaction ID : SA11Al.12696

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. GROSSBARD, PAUL, , ,

Mailing Address 600 N SHEPHERD DR

City
HOUSTONState
TXZip Code
77007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MILLER GROSSBARD ADVISORS LLPOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2023

Transaction ID : SA11Al.10296

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. GUYOTT, LOUIS, , ,

Mailing Address 149 EVERGLADE AVE

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11Al.13055

Amount of Each Receipt this Period

521.15

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

1571.15

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

FOR LINE NUMBER: PAGE 70 OF 232

(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)

NO LABELS 2024

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

A. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.21

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2023

Transaction ID : SA11Al.12766

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.15

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2023

Transaction ID : SA11Al.12826

Amount of Each Receipt this Period

15.94

☐ Memo Item

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

C. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2023

Transaction ID : SA11Al.12907

Amount of Each Receipt this Period

26.35

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

68.64

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

FOR LINE NUMBER: PAGE 71 OF 232

(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)

NO LABELS 2024

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

A. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11Al.12961

Amount of Each Receipt this Period

5.52

☐ Memo Item

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

B. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2023

Transaction ID : SA11Al.13158

Amount of Each Receipt this Period

15.94

☐ Memo Item

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

C. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

303.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2023

Transaction ID : SA11Al.13582

Amount of Each Receipt this Period

26.35

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

47.81

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.25

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2023

Transaction ID : SA11Al.13975

Amount of Each Receipt this Period

15.94

☐ Memo Item

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

B. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.25

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.14024

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.60

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2023

Transaction ID : SA11Al.14161

Amount of Each Receipt this Period

26.35

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

52.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.54

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2023

Transaction ID : SA11AI.14654

Amount of Each Receipt this Period

15.94

☐ Memo Item

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

B. HANNA, GREGORY, , ,

Mailing Address 8013 OLIVIA LN

City
HANOVER PARKState
ILZip Code
60133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2023

Transaction ID : SA11AI.14759

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. HANOVER, ADAM, , ,

Mailing Address 5517 SHADY GROVE TERRACE

City
MEMPHISState
TNZip Code
38120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNION MAIN GROUP LLCOccupation (for Individual)
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.11969

Amount of Each Receipt this Period

20000.00

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

20042.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. HARMAN, JERI, , ,

Mailing Address 4432 WESTCHESTER DR

City
WOODLAND HILLSState
CAZip Code
91364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVANTE CAPITAL PARTNERSOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.11091

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. HARMAN, JERI, , ,

Mailing Address 4432 WESTCHESTER DR

City
WOODLAND HILLSState
CAZip Code
91364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVANTE CAPITAL PARTNERSOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2023

Transaction ID : SA11AI.11092

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. HARMAN, JERI, , ,

Mailing Address 4432 WESTCHESTER DR

City
WOODLAND HILLSState
CAZip Code
91364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVANTE CAPITAL PARTNERSOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11AI.11093

Amount of Each Receipt this Period

25.00

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. HARMAN, JERI, , ,

Mailing Address 4432 WESTCHESTER DR

City
WOODLAND HILLSState
CAZip Code
91364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVANTE CAPITAL PARTNERSOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.11094

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. HARMAN, JERI, , ,

Mailing Address 4432 WESTCHESTER DR

City
WOODLAND HILLSState
CAZip Code
91364FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVANTE CAPITAL PARTNERSOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11AI.11095

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. HARRIS, MARK, , ,

Mailing Address 11 LAKESHORE DR

City
DOUGLASState
MIZip Code
49406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WINSTON & STRAWN LLPOccupation (for Individual)
LAWYER

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
11 / 06 / 2023

Transaction ID : SA11AI.11489

Amount of Each Receipt this Period

5000.00

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

5050.00

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

FOR LINE NUMBER: PAGE 76 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. HARRIS, TODD, , ,

Mailing Address 1119 MAIN ST

City
HUNTINGTON BEACHState
CAZip Code
92648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.14927

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. HEALEY, KERRY, , ,

Mailing Address PO BOX 823

City
DOVERState
MAZip Code
02030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2023

Transaction ID : SA11AI.14482

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

C. HEALY, JOHN, , ,

Mailing Address 662 FALCON SUMMIT CT

City
HENDERSONState
NVZip Code
89012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13808

Amount of Each Receipt this Period

50.00

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

10150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. HEALY, JOHN, , ,

Mailing Address 662 FALCON SUMMIT CT

City
HENDERSONState
NVZip Code
89012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11Al.14401

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. HEALY, JOHN, , ,

Mailing Address 662 FALCON SUMMIT CT

City
HENDERSONState
NVZip Code
89012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11Al.14772

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. HEINLE, SANDRA, , ,

Mailing Address 4220 CUMBERLAND LOOP

City
BISMARCKState
NDZip Code
58503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 30 / 2023

Transaction ID : SA11Al.12750

Amount of Each Receipt this Period

100.00

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

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. HEINLE, SANDRA, , ,

Mailing Address 4220 CUMBERLAND LOOP

City
BISMARCKState
NDZip Code
58503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2023

Transaction ID : SA11AI.12888

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. HEINLE, SANDRA, , ,

Mailing Address 4220 CUMBERLAND LOOP

City
BISMARCKState
NDZip Code
58503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.13535

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. HEINLE, SANDRA, , ,

Mailing Address 4220 CUMBERLAND LOOP

City
BISMARCKState
NDZip Code
58503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2023

Transaction ID : SA11AI.13991

Amount of Each Receipt this Period

50.00

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

250.00

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

FOR LINE NUMBER: PAGE 79 OF 232

(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)

NO LABELS 2024

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

A. HEINLE, SANDRA, , ,

Mailing Address 4220 CUMBERLAND LOOP

City
BISMARCKState
NDZip Code
58503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2023

Transaction ID : SA11Al.14675

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. HENDERSON, JEANNE, , ,

Mailing Address 12 HOLLY TREE LN

City
SPRINGState
TXZip Code
77373FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.81

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2023

Transaction ID : SA11Al.12224

Amount of Each Receipt this Period

312.81

☐ Memo Item

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

C. HENDRICKSON, LARRY, , ,

Mailing Address 6466 CITY WEST PKWY

City
EDEN PRAIRIEState
MNZip Code
55344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11Al.12464

Amount of Each Receipt this Period

100.00

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

462.81

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

FOR LINE NUMBER: PAGE 80 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. HENNESSY, JOANNE, , ,

Mailing Address 12 BLUE HERON POND RD

City
JOHNS ISLANDState
SCZip Code
29455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11AI.14405

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

B. HERKNER, JAMES, , ,

Mailing Address 7905 BELLFLOWER RD

City
MENTORState
OHZip Code
44060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OHIO ALUMINUM INDUSTRIES INCOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11AI.10299

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. HILL, CANDY, , ,

Mailing Address 1124 S CANTERBURY CT

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.13702

Amount of Each Receipt this Period

104.48

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

415.21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. HILL, CANDY, , ,

Mailing Address 1124 S CANTERBURY CT

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11Al.13953

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. HILL, CANDY, , ,

Mailing Address 1124 S CANTERBURY CT

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11Al.14633

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. HILL, CANDY, , ,

Mailing Address 1124 S CANTERBURY CT

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11Al.14800

Amount of Each Receipt this Period

26.35

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

79.05

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

FOR LINE NUMBER: PAGE 82 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. HORN, CRAIG, , ,

Mailing Address 4757 SUDBURY DR

City
SAGINAWState
MIZip Code
48638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRAUN KENDRICKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.10373

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. HORVITZ, RICHARD, , ,Mailing Address 10203 COLLINS AVE
UNIT 1102

City

BAL HARBOUR

State
FLZip Code
33154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORELAND MANAGMENT COMPANYOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11AI.11388

Amount of Each Receipt this Period

12500.00

☐ Memo Item

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

C. HOWES, MARK, , ,

Mailing Address 36549 N 105TH PL

City

SCOTTSDALE

State
AZZip Code
85262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11AI.12438

Amount of Each Receipt this Period

104.48

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

12854.48

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

FOR LINE NUMBER: PAGE 83 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. HOWES, MARK, , ,

Mailing Address 36549 N 105TH PL

City
SCOTTSDALEState
AZZip Code
85262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2023

Transaction ID : SA11AI.12986

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. HUMPHREY, CLAIRE, , ,

Mailing Address 30 WINDWARD DR

City
DANVILLEState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.14080

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. HUMPHREY, PAMELA, , ,

Mailing Address 307 SMITH NECK RD

City
SOUTH DARTMOUTHState
MAZip Code
02748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2023

Transaction ID : SA11AI.13231

Amount of Each Receipt this Period

200.00

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

1304.48

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

FOR LINE NUMBER: PAGE 84 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. HUMPHREY, PAMELA, , ,

Mailing Address 307 SMITH NECK RD

City
SOUTH DARTMOUTHState
MAZip Code
02748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2023

Transaction ID : SA11AI.14381

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. HUNSAKER, BARRY, , ,

Mailing Address 3730 WICKERSHAM LN

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11AI.12372

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. HURT, BRETT, , ,

Mailing Address 9102 ATWATER CV

City
AUSTINState
TXZip Code
78733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DATA WORLDOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11AI.10538

Amount of Each Receipt this Period

720.00

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

1480.73

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

FOR LINE NUMBER: PAGE 85 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. HUSAR, LINDA, , ,

Mailing Address 81 BOWERS AVE

City
MALDENState
MAZip Code
02148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11AI.13920

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. HUTTON, DON, , ,

Mailing Address 113 PLANTATION CIR S

City
PONTE VEDRA BEACHState
FLZip Code
32082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHH CONSULTINGOccupation (for Individual)
CONSULTING

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 / 13 / 2023

Transaction ID : SA11AI.10768

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. HUTTON, DON, , ,

Mailing Address 113 PLANTATION CIR S

City
PONTE VEDRA BEACHState
FLZip Code
32082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHH CONSULTINGOccupation (for Individual)
CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2023

Transaction ID : SA11AI.10769

Amount of Each Receipt this Period

100.00

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

304.48

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

FOR LINE NUMBER: PAGE 86 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. IMLER, THOMAS, , ,

Mailing Address 216 BEALE LN

City
EVANSState
GAZip Code
30809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.14320

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. INGRAM, VERA, , ,

Mailing Address 6631 ORCHID LN

City
DALLASState
TXZip Code
75230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TYVE LPOccupation (for Individual)
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.12132

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

C. INGRAM, VERA, , ,

Mailing Address 6631 ORCHID LN

City
DALLASState
TXZip Code
75230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TYVE LPOccupation (for Individual)
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1563.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.12133

Amount of Each Receipt this Period

1041.98

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

1667.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 232
(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			

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)

NO LABELS 2024

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

A. IOVINO, THOMAS, , ,Mailing Address 1 ROCKEFELLER PLZ
STE 2803City
NEW YORKState
NYZip Code
10020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IOVINO ENTERPRISESOccupation (for Individual)
CEO

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
07 / 14 / 2023

Transaction ID : SA11AI.15183

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. ISAACS, MARC, , ,

Mailing Address 5002 E EXETER BLVD

City
PHOENIXState
AZZip Code
85018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.13538

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

C. JACOBSON, DANIEL, , ,Mailing Address 7900 HARBOR ISLAND DR
APT 1402City
NORTH BAY VILLAGEState
FLZip Code
33141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.14321

Amount of Each Receipt this Period

104.48

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

5625.63

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

FOR LINE NUMBER: PAGE 88 OF 232

(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)

NO LABELS 2024

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

A. JANSON, BARBARA, , ,

Mailing Address 8 JACKSON POND RD

City
DEDHAMState
MAZip Code
02026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11Al.14041

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2023

Transaction ID : SA11Al.12566

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2023

Transaction ID : SA11Al.12800

Amount of Each Receipt this Period

52.40

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

5104.80

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

FOR LINE NUMBER: PAGE 89 OF 232

(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)

NO LABELS 2024

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

A. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2023

Transaction ID : SA11AI.13159

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2023

Transaction ID : SA11AI.13947

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

419.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11AI.14619

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 90 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. JOHNSON, EDDIE, , ,

Mailing Address 68 INDIGO WAY

City
CASTLE ROCKState
COZip Code
80108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.60

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2023

Transaction ID : SA11AI.14798

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. JOHNSON, TOM, , ,

Mailing Address PO BOX 38

City
EDGARTOWNState
MAZip Code
02539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11AI.14042

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. JOHNSON, TOM, , ,

Mailing Address PO BOX 38

City
EDGARTOWNState
MAZip Code
02539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2023

Transaction ID : SA11AI.14700

Amount of Each Receipt this Period

50.00

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

152.40

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

FOR LINE NUMBER: PAGE 91 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2023

Transaction ID : SA11Al.11842

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11Al.11843

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11Al.11844

Amount of Each Receipt this Period

104.48

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

313.44

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

FOR LINE NUMBER: PAGE 92 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11Al.11845

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11Al.11846

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. JOHNSTON, RICHARD, , ,

Mailing Address 8 WOOD ACRE RD

City
SAINT LOUISState
MOZip Code
63124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SAINT LOUIS ORTHOPEDICS AND SPORTS MED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

940.32

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11Al.11847

Amount of Each Receipt this Period

104.48

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

313.44

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

FOR LINE NUMBER: PAGE 93 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. JONES, ROSS, , ,

Mailing Address 4950 REVLON DR

City
LA CANADA FLINTRIDGEState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12298

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. JOZOFF, MAL, , ,

Mailing Address 5200 E SOLANO DR

City
PARADISE VALLEYState
AZZip Code
85253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.12648

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. KAFTAN, GREGORY, , ,

Mailing Address 2410 E SHOREWOOD BLVD

City
SHOREWOODState
WIZip Code
53211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASCENSION MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.11816

Amount of Each Receipt this Period

500.00

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

1594.38

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

FOR LINE NUMBER: PAGE 94 OF 232

(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)

NO LABELS 2024

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

A. KASHNOW, RICHARD, , ,

Mailing Address 1831 CAMINO DE LOS ROBLES

City
MENLO PARKState
CAZip Code
94025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 09 / 2023

Transaction ID : SA11AI.13019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. KASKEL, RICHARD, , , JR

Mailing Address 4825 N SPRING ST

City
EVANSVILLEState
INZip Code
47711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENCOM INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2023

Transaction ID : SA11AI.11309

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. KATZ, JOSEPH, , ,

Mailing Address 10601 TULIP LN

City
POTOMACState
MDZip Code
20854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 17 / 2023

Transaction ID : SA11AI.11281

Amount of Each Receipt this Period

500.00

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

2541.98

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

FOR LINE NUMBER: PAGE 95 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KEENAN, JAMIE, , ,

Mailing Address 35 CLARK DR

City
SAN MATEOState
CAZip Code
94401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KEENAN CAPITALOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.11387

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. KELLER, FRED, , ,

Mailing Address 450 FRANCIS WAY

City
JACKSONState
WYZip Code
83001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE ENGINEERINGOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.11133

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. KELLER, FRED, , ,

Mailing Address 450 FRANCIS WAY

City
JACKSONState
WYZip Code
83001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE ENGINEERINGOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2023

Transaction ID : SA11AI.11134

Amount of Each Receipt this Period

52.40

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

1104.80

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

FOR LINE NUMBER: PAGE 96 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KELLER, FRED, , ,

Mailing Address 450 FRANCIS WAY

City
JACKSONState
WYZip Code
83001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE ENGINEERINGOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2023

Transaction ID : SA11AI.11135

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. KENNEDY, BRIAN, , ,Mailing Address 611 S PALM CANYON DR
STE 7City
PALM SPRINGSState
CAZip Code
92264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COACHELLA VALLEY UNIFIED SCHOOL DISTRIOccupation (for Individual)
ASSISTANT PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2023

Transaction ID : SA11AI.10358

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. KESSLER, RICHARD, , ,

Mailing Address 753 EAGLE VIEW DR

City
TALLAHASSEEState
FLZip Code
32311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.11287

Amount of Each Receipt this Period

300.00

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

456.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. KLEIN, JOSEPH, , ,

Mailing Address 1479 EAST AVE

City
ROCHESTERState
NYZip Code
14610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11AI.14411

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. KLEIN, WAYNE, , ,

Mailing Address 724 SHERINGHAM CT

City
FARMINGTONState
UTZip Code
84025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KLEIN & ASSOCIATESOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11AI.10383

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. KLEPPINGER, CHRISTOPHER, , ,Mailing Address 350 VILLAGE DR
UNIT 1423City
KING OF PRUSSIAState
PAZip Code
19406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEOLIAOccupation (for Individual)
PRICING LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.21

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2023

Transaction ID : SA11AI.11948

Amount of Each Receipt this Period

10.73

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

1510.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. KLEPPINGER, CHRISTOPHER, , ,Mailing Address 350 VILLAGE DR
UNIT 1423City
KING OF PRUSSIAState
PAZip Code
19406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEOLIAOccupation (for Individual)
PRICING LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

B. KLEPPINGER, CHRISTOPHER, , ,Mailing Address 350 VILLAGE DR
UNIT 1423City
KING OF PRUSSIAState
PAZip Code
19406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEOLIAOccupation (for Individual)
PRICING LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : SA11AI.11950

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

C. KLEPPINGER, CHRISTOPHER, , ,Mailing Address 350 VILLAGE DR
UNIT 1423City
KING OF PRUSSIAState
PAZip Code
19406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEOLIAOccupation (for Individual)
PRICING LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2023

Transaction ID : SA11AI.11951

Amount of Each Receipt this Period

10.73

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

32.19

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

FOR LINE NUMBER: PAGE 99 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KLEPPINGER, CHRISTOPHER, , ,Mailing Address 350 VILLAGE DR
UNIT 1423City
KING OF PRUSSIAState
PAZip Code
19406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEOLIAOccupation (for Individual)
PRICING LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2023

Transaction ID : SA11Al.11952

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

B. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11Al.12649

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

229.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2023

Transaction ID : SA11Al.12723

Amount of Each Receipt this Period

25.00

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

62.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.05

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2023

Transaction ID : SA11Al.12819

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2023

Transaction ID : SA11Al.12834

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2023

Transaction ID : SA11Al.12863

Amount of Each Receipt this Period

25.00

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

76.35

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

FOR LINE NUMBER: PAGE 101 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.13114

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11AI.13264

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2023

Transaction ID : SA11AI.13613

Amount of Each Receipt this Period

25.00

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

76.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.75

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2023

Transaction ID : SA11Al.13986

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.14026

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

458.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2023

Transaction ID : SA11Al.14068

Amount of Each Receipt this Period

25.00

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

76.35

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

FOR LINE NUMBER: PAGE 103 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KLIPSTEIN, JAMES, , ,

Mailing Address 11815 FORT ASHBY RD

City
KEYSERState
WVZip Code
26726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2023

Transaction ID : SA11AI.14765

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. KNIGHT, MICHAEL, , ,

Mailing Address 308 PEARSON POND CT

City
ARGYLEState
TXZip Code
76226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.11263

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. KNIPFER, LAURA, , ,

Mailing Address 1770 N JARGO RD

City
DEERFIELDState
WIZip Code
53531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2023

Transaction ID : SA11AI.12668

Amount of Each Receipt this Period

52.40

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

338.13

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

FOR LINE NUMBER: PAGE 104 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. KNIPFER, LAURA, , ,

Mailing Address 1770 N JARGO RD

City
DEERFIELDState
WIZip Code
53531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.20

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2023

Transaction ID : SA11AI.12842

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. KNIPFER, LAURA, , ,

Mailing Address 1770 N JARGO RD

City
DEERFIELDState
WIZip Code
53531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2023

Transaction ID : SA11AI.13288

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. KNIPFER, LAURA, , ,

Mailing Address 1770 N JARGO RD

City
DEERFIELDState
WIZip Code
53531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11AI.14043

Amount of Each Receipt this Period

52.40

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

157.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. KNUTSON, THOMAS, , ,

Mailing Address 3107 KNIGHT LN

City
BAYTOWNState
TXZip Code
77521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HANOVER COMPANYOccupation (for Individual)
PRESIDENT - CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2023

Transaction ID : SA11AI.12479

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

258.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.12808

Amount of Each Receipt this Period

26.35

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

302.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 232
(check only one)

<input checked="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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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)

NO LABELS 2024

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

A. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11AI.12962

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11AI.13900

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

337.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.14570

Amount of Each Receipt this Period

26.35

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

79.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. KOPP, FRANS, , ,

Mailing Address 215 MARBLE GARDEN LN

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11Al.14788

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. KRAKAUER, RANDALL, , ,

Mailing Address 29 LORRIE LN

City

PRINCETON JUNCTION

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11Al.12137

Amount of Each Receipt this Period

20000.00

☐ Memo Item

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

C. LANGFORD, JIM, , ,

Mailing Address 15 ALTIMIRA

City

COTO DE CAZA

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WHITE STAR CONSULTINGOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11Al.10766

Amount of Each Receipt this Period

260.73

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

20287.08

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

FOR LINE NUMBER: PAGE 108 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. LARSON, CHARLES, , ,

Mailing Address 1202 ROXBURY DR

City
SAFETY HARBORState
FLZip Code
34695FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11Al.13711

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. LAUKIEN, FRANK, , ,

Mailing Address 31 CHAPEL RD

City
NORTH HAMPTONState
NHZip Code
03862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRUKEROccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11Al.10997

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. LAVINE, JANET, , ,

Mailing Address 3344 PEACHTREE RD NE

City
ATLANTAState
GAZip Code
30326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11Al.12412

Amount of Each Receipt this Period

2604.48

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

3129.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. LINS, GERALD, , ,

Mailing Address 11 WELCOME HILL RD

City
WEST CHESTERFIELDState
NHZip Code
03466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2023

Transaction ID : SA11AI.12574

Amount of Each Receipt this Period

250.31

☐ Memo Item

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

B. LIPPINCOTT, NANCY, , ,

Mailing Address PO BOX 43126

City
CINCINNATIState
OHZip Code
45243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11AI.14804

Amount of Each Receipt this Period

21.15

☐ Memo Item

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

C. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.10802

Amount of Each Receipt this Period

104.48

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

375.94

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

FOR LINE NUMBER: PAGE 110 OF 232

(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)

NO LABELS 2024

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

A. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2023

Transaction ID : SA11AI.10803

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2023

Transaction ID : SA11AI.10804

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

522.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.10805

Amount of Each Receipt this Period

104.48

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

313.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2023**Transaction ID : SA11AI.10806**

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. LITTLEFIELD, KATHERINE, , ,

Mailing Address 1206 HAMMOND RD

City
DELRAY BEACHState
FLZip Code
33483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CORPORATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2023**Transaction ID : SA11AI.10807**

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. LIVERMORE, EDWARD, K, , JR

Mailing Address 3725 CLUB VIEW DR

City
KERRVILLEState
TXZip Code
78028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2023**Transaction ID : SA11AI.13140**

Amount of Each Receipt this Period

250.00

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

458.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. LIVINGSTON, JEFF, , ,

Mailing Address 2513 N SEAN DR

City
CHANDLERState
AZZip Code
85224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SALT RIVER PROJECTOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2023

Transaction ID : SA11AI.11546

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. LIVINGSTON, JEFF, , ,

Mailing Address 2513 N SEAN DR

City
CHANDLERState
AZZip Code
85224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SALT RIVER PROJECTOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2023

Transaction ID : SA11AI.11547

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. LIVINGSTON, JEFF, , ,

Mailing Address 2513 N SEAN DR

City
CHANDLERState
AZZip Code
85224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SALT RIVER PROJECTOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2023

Transaction ID : SA11AI.11548

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 113 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. LIVINGSTON, JEFF, , ,

Mailing Address 2513 N SEAN DR

City
CHANDLERState
AZZip Code
85224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SALT RIVER PROJECTOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2023

Transaction ID : SA11AI.11549

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. LIVINGSTON, JEFF, , ,

Mailing Address 2513 N SEAN DR

City
CHANDLERState
AZZip Code
85224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SALT RIVER PROJECTOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2023

Transaction ID : SA11AI.11550

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. LONG, NICHOLAS, , ,

Mailing Address 3618 TUXEDO RD NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRIDGER GROWTH PARTNERSOccupation (for Individual)
PARTNER

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 / 19 / 2023

Transaction ID : SA11AI.11791

Amount of Each Receipt this Period

1000.00

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

1104.80

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

FOR LINE NUMBER: PAGE 114 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. LORSON, RICHARD, , ,

Mailing Address 2303 DIAMOND J PL

City
RENOState
NVZip Code
89511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11AI.13926

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. LOTT, EDDIE, , ,

Mailing Address 36 WALKERS RIDGE DR

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LITIFYOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11AI.11009

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. LOVE, DEB, , ,

Mailing Address 7 LANIER DR

City

CHAPEL HILL

State

NC

Zip Code

27517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2023

Transaction ID : SA11AI.13541

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

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

875.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. LUNSFORD, EVERETT, , ,

Mailing Address PO BOX 5278

City
WILLIAMSBURGState
VAZip Code
23188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11AI.12440

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

B. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.12

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.15119

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

627.52

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2023

Transaction ID : SA11AI.15120

Amount of Each Receipt this Period

52.40

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

417.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2023

Transaction ID : SA11AI.15121

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2023

Transaction ID : SA11AI.15122

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

888.88

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2023

Transaction ID : SA11AI.15123

Amount of Each Receipt this Period

104.48

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

261.36

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

FOR LINE NUMBER: PAGE 117 OF 232

(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)

NO LABELS 2024

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

A. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

941.28

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2023

Transaction ID : SA11Al.15124

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.76

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11Al.15125

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1098.16

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2023

Transaction ID : SA11Al.15126

Amount of Each Receipt this Period

52.40

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

209.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.56

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.15127

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2023

Transaction ID : SA11AI.15128

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1307.44

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2023

Transaction ID : SA11AI.15129

Amount of Each Receipt this Period

52.40

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

209.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 232
(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)

NO LABELS 2024

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

A. MACDANIEL, ALFRED, , ,

Mailing Address 7715 WALDON DR

City
AUSTINState
TXZip Code
78750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVM ADVISORS LLCOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1411.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2023

Transaction ID : SA11AI.15130

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. MACDOWELL, HAROLD, , ,

Mailing Address 13410 TANGLERIDGE LN

City
DALLASState
TXZip Code
75240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TD INDUSTRIESOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.11024

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MAGELSSSEN, LAWRENCE, , ,

Mailing Address 3414 BROOKBEND LN

City
SUGAR LANDState
TXZip Code
77479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2023

Transaction ID : SA11AI.12698

Amount of Each Receipt this Period

500.00

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

708.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. MALAGHAN, MICHAEL, , ,

Mailing Address 1888 KALAKAUA AVE

City
HONOLULUState
HIZip Code
96815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2023

Transaction ID : SA11AI.15166

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. MALAGHAN, MICHAEL, , ,

Mailing Address 1888 KALAKAUA AVE

City
HONOLULUState
HIZip Code
96815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11AI.15167

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. MALAGHAN, MICHAEL, , ,

Mailing Address 1888 KALAKAUA AVE

City
HONOLULUState
HIZip Code
96815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.15168

Amount of Each Receipt this Period

50.00

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

150.00

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

FOR LINE NUMBER: PAGE 121 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. MALAGHAN, MICHAEL, , ,

Mailing Address 1888 KALAKAUA AVE

City
HONOLULUState
HIZip Code
96815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER/INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11AI.15169

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. MANLEY, DUNCAN, , ,

Mailing Address 1800 FINANCIAL CTR

City
BIRMINGHAMState
ALZip Code
35203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.10375

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MASSOUD, PHILIPPE, , ,Mailing Address 10 E 29TH ST
APT 48CCity
NEW YORKState
NYZip Code
10016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILILI BRANDSOccupation (for Individual)
OWNER

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
08 / 02 / 2023

Transaction ID : SA11AI.11748

Amount of Each Receipt this Period

5000.00

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

5150.00

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

FOR LINE NUMBER: PAGE 122 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. MAURIN, JAMES, , ,

Mailing Address 109 NORTH PARK BLVD

City
COVINGTONState
LAZip Code
70433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 24 / 2023

Transaction ID : SA11AI.12700

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. MAYFIELD, MICHAEL, , ,

Mailing Address 714 S LAKESHORE DR

City
LAKE VILLAGEState
ARZip Code
71653FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHICOT MEMORIAL MEDICAL CENTEROccupation (for Individual)
SURGEON & CHIEF MEDICAL OFFIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2023

Transaction ID : SA11AI.15050

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MCBRIDE, JOHN, , ,

Mailing Address 126 WHITES MILL WAY

City
SPARTANBURGState
SCZip Code
29307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONTEC INCOccupation (for Individual)
BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2023

Transaction ID : SA11AI.10471

Amount of Each Receipt this Period

521.15

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

5625.63

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

FOR LINE NUMBER: PAGE 123 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. MCCAWE, BLAIR, , ,

Mailing Address 23 LANDGROVE RD

City
LANDGROVEState
VTZip Code
05148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2023

Transaction ID : SA11AI.13196

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. MCGEE, ROBERT, , ,

Mailing Address 201 MAIN ST

City
FORT WORTHState
TXZip Code
76102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GROWTH FUNDSOccupation (for Individual)
CHAIRMAN

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
07 / 05 / 2023

Transaction ID : SA11AI.10628

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. MCKENNEY, JOE, , ,

Mailing Address 84 SHORELINE DR

City
HILTON HEADState
SCZip Code
29928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
11 / 11 / 2023

Transaction ID : SA11AI.14574

Amount of Each Receipt this Period

1000.00

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

1604.48

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

FOR LINE NUMBER: PAGE 124 OF 232

(check only one)

<input checked="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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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)

NO LABELS 2024

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

A. MCLAUGHLIN, WILLIAM, R, ,

Mailing Address 234 EDGEWOOD AVE.

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

C

Name of Employer (for Individual)
ORVISOccupation (for Individual)
EXECUTIVE ADVISOR

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
11 / 09 / 2023

Transaction ID : SA11AI.11039

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. MCLENNAN, WILLIAM, , ,

Mailing Address 1672 SAN PASQUAL VALLEY RD

City
ESCONDIDOState
CAZip Code
92027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13823

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. MILLER, BARRY, , ,

Mailing Address 229 VIA PALACIO

City
PALM BEACH GARDENSState
FLZip Code
33418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 16 / 2023

Transaction ID : SA11AI.13967

Amount of Each Receipt this Period

2500.00

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

4552.40

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

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<input checked="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)

NO LABELS 2024

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

A. MILLS, JOHN, , ,

Mailing Address 1201 CUTTER LN

City
PARK CITYState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAJOCA CORPORATIONOccupation (for Individual)
AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2023

Transaction ID : SA11AI.10338

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. MILLS, JOHN, , ,

Mailing Address 1201 CUTTER LN

City
PARK CITYState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAJOCA CORPORATIONOccupation (for Individual)
AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2023

Transaction ID : SA11AI.10339

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MILLS, JOHN, , ,

Mailing Address 1201 CUTTER LN

City
PARK CITYState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAJOCA CORPORATIONOccupation (for Individual)
AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.10340

Amount of Each Receipt this Period

104.48

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

313.44

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

FOR LINE NUMBER: PAGE 126 OF 232

(check only one)

<input checked="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			

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)

NO LABELS 2024

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

A. MILLS, JOHN, , ,

Mailing Address 1201 CUTTER LN

City
PARK CITYState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAJOCA CORPORATIONOccupation (for Individual)
AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2023

Transaction ID : SA11AI.10341

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. MILLS, JOHN, , ,

Mailing Address 1201 CUTTER LN

City
PARK CITYState
UTZip Code
84098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAJOCA CORPORATIONOccupation (for Individual)
AREA MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2023

Transaction ID : SA11AI.10342

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MITCHELL, GAIL, , ,

Mailing Address 6 MELDON CT

City
MECHANICVILLEState
NYZip Code
12118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11AI.14684

Amount of Each Receipt this Period

26.35

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

235.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. MITCHELL, GAIL, , ,

Mailing Address 6 MELDON CT

City
MECHANICVILLEState
NYZip Code
12118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.15

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11AI.14805

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. MOISE, JACQUE, , ,

Mailing Address 5 LA PUERTA LN

City
PLACITASState
NMZip Code
87043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.93

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2023

Transaction ID : SA11AI.14745

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MOORE, PAUL, , ,

Mailing Address 189 MILL RD

City
SADDLE RIVERState
NJZip Code
07458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2023

Transaction ID : SA11AI.12851

Amount of Each Receipt this Period

52.40

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

183.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. MOORE, PAUL, , ,

Mailing Address 189 MILL RD

City
SADDLE RIVERState
NJZip Code
07458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2023

Transaction ID : SA11Al.13315

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. MOORE, PAUL, , ,

Mailing Address 189 MILL RD

City
SADDLE RIVERState
NJZip Code
07458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2023

Transaction ID : SA11Al.14014

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. MOORE, PAUL, , ,

Mailing Address 189 MILL RD

City
SADDLE RIVERState
NJZip Code
07458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2023

Transaction ID : SA11Al.14714

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 129 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. MORGAN, MICHAEL, , ,

Mailing Address 422 THAMER LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

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
07 / 06 / 2023

Transaction ID : SA11AI.11257

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. MORRISON, JAMES, , ,

Mailing Address 7078 E CHIPMUNK CT

City
TUCSONState
AZZip Code
85750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2023

Transaction ID : SA11AI.14182

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. MUNDAY, MARY, , ,Mailing Address 6704 HOLLY FARM LN
UNIT 109City
WARRENTONState
VAZip Code
20187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2023

Transaction ID : SA11AI.12824

Amount of Each Receipt this Period

1041.98

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

3646.46

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

FOR LINE NUMBER: PAGE 130 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. MURRAY, MICHAEL, , ,

Mailing Address 24311 N 121ST PL

City
SCOTTSDALEState
AZZip Code
85255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABRAZO HEALTHOccupation (for Individual)
PHYSICIAN SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11AI.11872

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

B. MUTZ, GREG, , ,Mailing Address 141 W JACKSON BLVD
STE 300City
CHICAGOState
ILZip Code
60604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMLI RESIDENTIALOccupation (for Individual)
CEO AND FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2023

Transaction ID : SA11AI.10608

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. NAPOLITANO, DAVID, , ,

Mailing Address 4664 KITTIWAKE CT

City
BOYNTON BEACHState
FLZip Code
33436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2023

Transaction ID : SA11AI.12543

Amount of Each Receipt this Period

521.15

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

6042.30

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

FOR LINE NUMBER: PAGE 131 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. NEUGER, WIN, , ,Mailing Address 301 KENWOOD PKWY
APT 201City
MINNEAPOLISState
MNZip Code
55403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
09 / 23 / 2023

Transaction ID : SA11Al.13317

Amount of Each Receipt this Period

6000.00

☐ Memo Item

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

B. NEUPERT, PETER, , ,

Mailing Address 5550 N CAMINO DEL CONTENTO

City
PARADISE VALLEYState
AZZip Code
85253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 10 / 2023

Transaction ID : SA11Al.12467

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. NEWBOURNE, PAUL, , ,

Mailing Address PO BOX 356

City
SIGNAL MOUNTAINState
TNZip Code
37377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11Al.14263

Amount of Each Receipt this Period

104.48

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

8604.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. NEWCOMB, LYNN, , ,

Mailing Address 1506 SKIRMISH RUN DR

City
HENRICOState
VAZip Code
23228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2023

Transaction ID : SA11Al.13948

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. NEWCOMER, DAVID, , ,

Mailing Address 5373 COUNTY ROAD 12

City
BRYANState
OHZip Code
43506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11Al.13496

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. NICKERSON, BRUCE, , ,

Mailing Address 245 6TH ST

City
SEAL BEACHState
CAZip Code
90740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023

Transaction ID : SA11Al.12792

Amount of Each Receipt this Period

1000.00

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

1144.48

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

FOR LINE NUMBER: PAGE 133 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. NICKERSON, BRUCE, , ,

Mailing Address 245 6TH ST

City
SEAL BEACHState
CAZip Code
90740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2460.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11AI.14422

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. NILAND, BOB, , ,

Mailing Address 4800 N STANTON ST

City
EL PASOState
TXZip Code
79902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAROB LLCOccupation (for Individual)
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2023

Transaction ID : SA11AI.12029

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. ODELL, CARLA, , ,

Mailing Address 121 N POST OAK LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1225.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2023

Transaction ID : SA11AI.12701

Amount of Each Receipt this Period

10.73

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

215.21

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

FOR LINE NUMBER: PAGE 134 OF 232

(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)

NO LABELS 2024

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

A. ODELL, CARLA, , ,

Mailing Address 121 N POST OAK LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1236.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2023

Transaction ID : SA11AI.12852

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

B. ODELL, CARLA, , ,

Mailing Address 121 N POST OAK LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1247.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2023

Transaction ID : SA11AI.13325

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

C. ODELL, CARLA, , ,

Mailing Address 121 N POST OAK LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1258.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2023

Transaction ID : SA11AI.14051

Amount of Each Receipt this Period

10.73

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

32.19

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

FOR LINE NUMBER: PAGE 135 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. ODELL, CARLA, , ,

Mailing Address 121 N POST OAK LN

City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1268.86

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2023

Transaction ID : SA11AI.14717

Amount of Each Receipt this Period

10.73

☐ Memo Item

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

B. OGDEN, ROGER, , ,

Mailing Address 460 BROADWAY ST

City
NEW ORLEANSState
LAZip Code
70118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12312

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. OSTER, ROBERT, J, ,Mailing Address 3000 SAND HILL RD
3-125City
MENLO PARKState
CAZip Code
94025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INET INTERACTIVEOccupation (for Individual)
INVESTOR AND DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2023

Transaction ID : SA11AI.11398

Amount of Each Receipt this Period

50000.00

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

52510.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. OWEN, STEWART, , ,

Mailing Address 1212 W KORADINE DR

City
SOUTH JORDANState
UTZip Code
84095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OWEN EQUIPMENT SALES INCOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.80

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11Al.14852

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. OWEN, STEWART, , ,

Mailing Address 1212 W KORADINE DR

City
SOUTH JORDANState
UTZip Code
84095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OWEN EQUIPMENT SALES INCOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2023

Transaction ID : SA11Al.14853

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. OWEN, STEWART, , ,

Mailing Address 1212 W KORADINE DR

City
SOUTH JORDANState
UTZip Code
84095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OWEN EQUIPMENT SALES INCOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.50

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2023

Transaction ID : SA11Al.14854

Amount of Each Receipt this Period

26.35

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

79.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11Al.11074

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2023

Transaction ID : SA11Al.11075

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2023

Transaction ID : SA11Al.11076

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2023

Transaction ID : SA11Al.11077

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11Al.11078

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2023

Transaction ID : SA11Al.11079

Amount of Each Receipt this Period

100.00

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

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. PATTERSON, DAN, , ,

Mailing Address 3201 WENDOVER RD

City
DALLASState
TXZip Code
75214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATTERSON THOMA FAMILY OFFICEOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.11080

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. PATTERSON, DOUG, , ,

Mailing Address 207 FAIRACRES RD

City
OMAHAState
NEZip Code
68132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12314

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. PENALUNA, THOMAS, , ,

Mailing Address 8034 SLAP TAIL TRL

City
CEDAR FALLSState
IAZip Code
50613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBE COMPANIES INCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2023

Transaction ID : SA11AI.10624

Amount of Each Receipt this Period

500.00

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

3100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. PENALUNA, TOM, , ,

Mailing Address 8034 SLAP TAIL TRL

City
CEDAR FALLSState
IAZip Code
50613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBE COMPANIESOccupation (for Individual)
CHAIRMAN OF BOARD

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 / 05 / 2023

Transaction ID : SA11AI.10632

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. PETERSON, ERIK, , ,

Mailing Address 4614 IVANHOE ST

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2023

Transaction ID : SA11AI.11390

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. PETERSON, ERIK, , ,

Mailing Address 4614 IVANHOE ST

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2023

Transaction ID : SA11AI.11391

Amount of Each Receipt this Period

50.00

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

1100.00

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

FOR LINE NUMBER: PAGE 141 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. PETERSON, ERIK, , ,

Mailing Address 4614 IVANHOE ST

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.11392

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. PETERSON, ERIK, , ,

Mailing Address 4614 IVANHOE ST

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2023

Transaction ID : SA11AI.11393

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. PETERSON, ERIK, , ,

Mailing Address 4614 IVANHOE ST

City
HOUSTONState
TXZip Code
77027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2023

Transaction ID : SA11AI.11396

Amount of Each Receipt this Period

50.00

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. PFAFF, JULIA, , ,

Mailing Address 10008 BRADDOCK RD

City
FAIRFAXState
VAZip Code
22032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTO MASONOccupation (for Individual)
INTERNATIONAL EDUCATION ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2023

Transaction ID : SA11AI.11314

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. PIKAL, SUSAN, , ,

Mailing Address 3775 LAKEWOOD DR

City
WATERFORD TOWNSHIPState
MIZip Code
48329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH WOODWARD INTERNAL MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.11837

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. PIKAL, SUSAN, , ,

Mailing Address 3775 LAKEWOOD DR

City
WATERFORD TOWNSHIPState
MIZip Code
48329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH WOODWARD INTERNAL MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2023

Transaction ID : SA11AI.11838

Amount of Each Receipt this Period

52.40

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

154.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. PIKAL, SUSAN, , ,

Mailing Address 3775 LAKEWOOD DR

City
WATERFORD TOWNSHIPState
MIZip Code
48329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH WOODWARD INTERNAL MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11Al.11839

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. PIKAL, SUSAN, , ,

Mailing Address 3775 LAKEWOOD DR

City
WATERFORD TOWNSHIPState
MIZip Code
48329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH WOODWARD INTERNAL MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11Al.11840

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. PIKAL, SUSAN, , ,

Mailing Address 3775 LAKEWOOD DR

City
WATERFORD TOWNSHIPState
MIZip Code
48329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH WOODWARD INTERNAL MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

419.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11Al.11841

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 144 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. PLETCHER, KURT, , ,

Mailing Address 5370 SANFORD CIR E

City
CHERRY HILLS VILLAGEState
COZip Code
80113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EQUINIXOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.21

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2023

Transaction ID : SA11Al.11456

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

B. POTTER, JEFFREY, , ,

Mailing Address 100 DEER PATH LN

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BALLENTINE PARTNERS LLCOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1808.65

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2023

Transaction ID : SA11Al.11374

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. POTTER, JEFFREY, , ,

Mailing Address 100 DEER PATH LN

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BALLENTINE PARTNERS LLCOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2308.65

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11Al.11375

Amount of Each Receipt this Period

500.00

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

1060.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. PRENTISS, MIKE, , ,

Mailing Address 6263 FOREST LN

City
DALLASState
TXZip Code
75230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2023

Transaction ID : SA11AI.13837

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. PRENTISS, MIKE, , ,

Mailing Address 4301 VERSAILLES AVE

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
11 / 02 / 2023

Transaction ID : SA11AI.14185

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. PROTHRO, CAREN, , ,

Mailing Address 3929 POTOMAC AVE

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2023

Transaction ID : SA11AI.13891

Amount of Each Receipt this Period

1041.98

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

2146.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2023

Transaction ID : SA11Al.11879

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11Al.11882

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

514.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11Al.11883

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 147 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11Al.11884

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11Al.11885

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. PRYOR, JOHN, , ,

Mailing Address PO BOX 1439

City
TELLURIDEState
COZip Code
81435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

671.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11Al.11886

Amount of Each Receipt this Period

52.40

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

157.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. RAPPEPORT, GARY, , ,

Mailing Address 2135 SNOOK DR

City
NAPLESState
FLZip Code
34102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FAR HORIZONS CAPITALOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11AI.11322

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

B. RAVICH, JESS, , ,Mailing Address 10960 WILSHIRE BLVD
STE 1900City
LOS ANGELESState
CAZip Code
90024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALS REGIONAL HOLDINGSOccupation (for Individual)
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2023

Transaction ID : SA11AI.11368

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

C. REMINGTON, LINDA, , ,

Mailing Address 270 BURKS BLVD

City
RENOState
NVZip Code
89523FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11AI.13934

Amount of Each Receipt this Period

1000.00

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

51000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 149 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. REYNOLDS, GLENDA, , ,

Mailing Address 416 N OAK ST

City
WHITEWATERState
KSZip Code
67154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2023

Transaction ID : SA11AI.14539

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

B. REYNOLDS, GLENDA, , ,

Mailing Address 416 N OAK ST

City
WHITEWATERState
KSZip Code
67154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2023

Transaction ID : SA11AI.14787

Amount of Each Receipt this Period

26.35

☐ Memo Item

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

C. RHOADES, HEATHER, , ,

Mailing Address 241 CENTER RD

City
BEDFORDState
OHZip Code
44146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

989.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2023

Transaction ID : SA11AI.14441

Amount of Each Receipt this Period

989.90

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

1042.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. RICHARDSON, FRANK, , ,

Mailing Address 129 MAPLE AVE

City
KATONAHState
NYZip Code
10536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FE RICHARDSON & CO INCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2023

Transaction ID : SA11Al.10626

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. RIDDLE, CLARINE, NARDI, ,

Mailing Address 4653 KELL LN

City
ALEXANDRIAState
VAZip Code
22311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KASOWITZ BENSON TORRES LLPOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2023

Transaction ID : SA11Al.11462

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

C. RIDER, BRIAN, , ,

Mailing Address 2906 HATLEY DR

City
AUSTINState
TXZip Code
78746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHLOSSER DEVELOPMENT CORPORATIONOccupation (for Individual)
ATTORNEY

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
07 / 20 / 2023

Transaction ID : SA11Al.10397

Amount of Each Receipt this Period

1000.00

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

2521.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. RIDER, BRIAN, , ,

Mailing Address 2906 HATLEY DR

City
AUSTINState
TXZip Code
78746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHLOSSER DEVELOPMENT CORPORATIONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11AI.10398

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. RIDER, BRIAN, , ,

Mailing Address 2906 HATLEY DR

City
AUSTINState
TXZip Code
78746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHLOSSER DEVELOPMENT CORPORATIONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2023

Transaction ID : SA11AI.10399

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. RIEHLE, NICK, , ,

Mailing Address 318 JACKSON CV W

City
MILL SPRINGState
NCZip Code
28756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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 / 05 / 2023

Transaction ID : SA11AI.12318

Amount of Each Receipt this Period

500.00

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 232
(check only one)

<input checked="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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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)

NO LABELS 2024

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

A. RISCH, JONATHAN, , ,

Mailing Address 5321 PINE ST

City
BELLAIREState
TXZip Code
77401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCXISOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11Al.10469

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. RISCH, JONATHAN, , ,

Mailing Address 5321 PINE ST

City
BELLAIREState
TXZip Code
77401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCXISOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11Al.10526

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. ROBERTS, CORNELIA, , ,

Mailing Address 202 LAKE ST

City
SHERBORNState
MAZip Code
01770FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

306.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2023

Transaction ID : SA11Al.12461

Amount of Each Receipt this Period

100.00

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

700.00

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

FOR LINE NUMBER: PAGE 153 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. ROBERTS, SURRY, , ,

Mailing Address 120 WOODBURN RD

City
RALEIGHState
NCZip Code
27605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SURRY P ROBERTS MDOccupation (for Individual)
OWNER

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
09 / 28 / 2023

Transaction ID : SA11AI.11770

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. ROBINSON, JAMES, , ,

Mailing Address 1780 S OCEAN BLVD

City
LANTANAState
FLZip Code
33462FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RRE VENTURESOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2802.71

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.11389

Amount of Each Receipt this Period

2604.48

☐ Memo Item

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

C. RODBELL, JONATHAN, , ,

Mailing Address 99 PEACHTREE BATTLE AVE NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATLANTA PROPERTY GROUPOccupation (for Individual)
COMMERCIAL REAL ESTATE EXECU'

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.10673

Amount of Each Receipt this Period

10000.00

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

17604.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 154 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. ROEHL-ANDERSON, JANICE, M, ,

Mailing Address 28 BLUE HERON DR.

City
GREENWOOD VILLAGEState
COZip Code
80121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2023

Transaction ID : SA11AI.11342

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. ROSE, STEVEN, , ,

Mailing Address 1 PRESCOTT DR

City
KENNEBUNKPORTState
MEZip Code
04046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAINE EYE CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2023

Transaction ID : SA11AI.11826

Amount of Each Receipt this Period

416.98

☐ Memo Item

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

C. ROSS, JEFFREY, W, ,

Mailing Address 135 N HUMBOLDT ST

City
DENVERState
COZip Code
80218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATLANTIC AVIATIONOccupation (for Individual)
SENIOR ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11AI.14933

Amount of Each Receipt this Period

7500.00

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

8416.98

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

FOR LINE NUMBER: PAGE 155 OF 232

(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)

NO LABELS 2024

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

A. ROSS, RICHARD, , ,

Mailing Address 2513 PENNSYLVANIA AVE

City
HARBOR SPRINGSState
MIZip Code
49740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12320

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. ROSS, RICHARD, , ,

Mailing Address 2907 LEATHERMAN GAP RD

City
FRANKLINState
NCZip Code
28734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINN RESIDENCESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2023

Transaction ID : SA11AI.10570

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. ROSS, RICHARD, , ,

Mailing Address 2907 LEATHERMAN GAP RD

City
FRANKLINState
NCZip Code
28734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINN RESIDENCESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2023

Transaction ID : SA11AI.10571

Amount of Each Receipt this Period

104.48

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

1250.94

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

FOR LINE NUMBER: PAGE 156 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. ROSS, RICHARD, , ,

Mailing Address 2907 LEATHERMAN GAP RD

City
FRANKLINState
NCZip Code
28734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINN RESIDENCESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2023

Transaction ID : SA11Al.10572

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. ROSS, RICHARD, , ,

Mailing Address 2907 LEATHERMAN GAP RD

City
FRANKLINState
NCZip Code
28734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINN RESIDENCESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11Al.10573

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. ROSS, RICHARD, , ,

Mailing Address 2907 LEATHERMAN GAP RD

City
FRANKLINState
NCZip Code
28734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINN RESIDENCESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2023

Transaction ID : SA11Al.10574

Amount of Each Receipt this Period

104.48

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

313.44

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

FOR LINE NUMBER: PAGE 157 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. RUSSO, PATRICIA, , ,

Mailing Address 212 VIA PALACIO

City
PALM BEACH GARDENSState
FLZip Code
33418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5208.65

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2023

Transaction ID : SA11AI.12191

Amount of Each Receipt this Period

5208.65

☐ Memo Item

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

B. RUTT, JIM, , ,

Mailing Address PO BOX

City
MCDOWELLState
VAZip Code
24458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11AI.13070

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

C. SAFAR, PAMELA, , ,

Mailing Address 630 INDIAN MOUND ST

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

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12324

Amount of Each Receipt this Period

1041.98

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

6771.78

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

FOR LINE NUMBER: PAGE 158 OF 232

(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)

NO LABELS 2024

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

A. SAMUELS, GENE, , ,

Mailing Address 4601 W FLINT ST

City
CHANDLERState
AZZip Code
85226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2023

Transaction ID : SA11Al.12707

Amount of Each Receipt this Period

208.65

☐ Memo Item

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

B. SCHARFFENBERGER, JOHN, , ,

Mailing Address PO BOX 550

City
PHILOState
CAZip Code
95466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07 / 05 / 2023

Transaction ID : SA11Al.12328

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. SCHLENKER, STEVEN, , ,

Mailing Address 644 MONTARA DR

City
DAVENPORTState
FLZip Code
33897FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DN CAPITAL US INCOccupation (for Individual)
FINANCE

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
09 / 08 / 2023

Transaction ID : SA11Al.11071

Amount of Each Receipt this Period

5000.00

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

5708.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. SCHMITT, ART, , ,

Mailing Address 23609 COPPERLEAF DR

City
VENICEState
FLZip Code
34293FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.13733

Amount of Each Receipt this Period

208.65

☐ Memo Item

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

B. SCHMITT, ART, , ,

Mailing Address 23609 COPPERLEAF DR

City
VENICEState
FLZip Code
34293FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.14580

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. SCHOLL, MARK, S, ,

Mailing Address 13716 CREEKRIDGE LN

City
FISHERSState
INZip Code
46055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

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 / 06 / 2023

Transaction ID : SA11AI.11344

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2313.13

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 232
(check only one)

<input checked="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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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)

NO LABELS 2024

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

A. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

863.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2023

Transaction ID : SA11AI.12576

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2023

Transaction ID : SA11AI.12743

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1067.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2023

Transaction ID : SA11AI.12820

Amount of Each Receipt this Period

100.00

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

304.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2023

Transaction ID : SA11AI.12883

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1272.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.13131

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1372.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.13132

Amount of Each Receipt this Period

100.00

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

304.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1476.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11AI.13439

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

B. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.13959

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1681.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11AI.14092

Amount of Each Receipt this Period

104.48

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

308.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1781.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11AI.14639

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SCHOLZ, MICHAEL, , ,

Mailing Address PO BOX 161700

City
BIG SKYState
MTZip Code
59716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1885.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11AI.14743

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. SCHWARTZ, BRADLEY, , ,

Mailing Address 7119 W SUNSET BLVD

City
LOS ANGELESState
CAZip Code
90046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRATEGIC LAW PARTNERS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2023

Transaction ID : SA11AI.15193

Amount of Each Receipt this Period

5000.00

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

5204.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2023

Transaction ID : SA11AI.10590

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

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
08 / 15 / 2023

Transaction ID : SA11AI.10591

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.10592

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.10593

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11AI.10594

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SHANAHAN, MEAGAN, , ,

Mailing Address 2413 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TURTLE & HUGHESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11AI.10595

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 232
(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)

NO LABELS 2024

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

A. SHEPHARD, CAMBURN, , ,

Mailing Address 8533 COUNTY 12

City
CRYSTALState
NDZip Code
58222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : SA11AI.12549

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. SHORT, LOUISE, , ,

Mailing Address 3047 E 38TH PL

City
TULSAState
OKZip Code
74105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAGEVIEW ADVISORY GROUPOccupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.15

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11AI.11111

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. SHORT, LOUISE, , ,

Mailing Address 3047 E 38TH PL

City
TULSAState
OKZip Code
74105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAGEVIEW ADVISORY GROUPOccupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.15

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2023

Transaction ID : SA11AI.11112

Amount of Each Receipt this Period

25.00

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

1075.00

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

FOR LINE NUMBER: PAGE 167 OF 232

(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)

NO LABELS 2024

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

A. SHREVES, KENNETH, , ,

Mailing Address 3225 BLACK CANYON RD

City
COLORADO SPRINGSState
COZip Code
80904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
V2XOccupation (for Individual)
EXECUTIVE

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 / 18 / 2023

Transaction ID : SA11AI.11030

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. SIMMONS, DUDLEY, , ,

Mailing Address 1107 GASTON AVE

City
AUSTINState
TXZip Code
78703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CREA CAPITALOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.15176

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2023

Transaction ID : SA11AI.14911

Amount of Each Receipt this Period

52.40

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

2094.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

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

A. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2023

Transaction ID : SA11Al.14912

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2023

Transaction ID : SA11Al.14913

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.14914

Amount of Each Receipt this Period

52.40

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

157.20

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

FOR LINE NUMBER: PAGE 169 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

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

A. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11Al.14915

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

B. SIMMONS, TRACIE, , ,

Mailing Address 407 ELWOOD AVE

City
OAKLANDState
CAZip Code
94610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARCHVISTAOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.60

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11Al.14916

Amount of Each Receipt this Period

52.40

☐ Memo Item

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

C. SINCERBEAUX, CHARLES, , ,

Mailing Address PO BOX 176

City
SOUTH WOODSTOCKState
VTZip Code
05071FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11Al.13940

Amount of Each Receipt this Period

1000.00

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

1104.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. SMITH, WILLIAM, , ,

Mailing Address 21 MANDRAKE WAY

City
IRVINEState
CAZip Code
92612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2023

Transaction ID : SA11AI.14541

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. SOARES, JAMES, , ,

Mailing Address 220 CRESTWOOD RD

City
WARWICKState
RIZip Code
02886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONVATECOccupation (for Individual)
DIRECTOR CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.44

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2023

Transaction ID : SA11AI.10877

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SOARES, JAMES, , ,

Mailing Address 220 CRESTWOOD RD

City
WARWICKState
RIZip Code
02886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONVATECOccupation (for Individual)
DIRECTOR CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

938.44

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2023

Transaction ID : SA11AI.10878

Amount of Each Receipt this Period

100.00

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

1241.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 232
(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)

NO LABELS 2024

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

A. SOARES, JAMES, , ,

Mailing Address 220 CRESTWOOD RD

City
WARWICKState
RIZip Code
02886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONVATECOccupation (for Individual)
DIRECTOR CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.44

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11AI.10879

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SOARES, JAMES, , ,

Mailing Address 220 CRESTWOOD RD

City
WARWICKState
RIZip Code
02886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONVATECOccupation (for Individual)
DIRECTOR CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.44

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11AI.10880

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. SOARES, JAMES, , ,

Mailing Address 220 CRESTWOOD RD

City
WARWICKState
RIZip Code
02886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONVATECOccupation (for Individual)
DIRECTOR CHANNEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1238.44

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11AI.10881

Amount of Each Receipt this Period

100.00

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

300.00

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

FOR LINE NUMBER: PAGE 172 OF 232

(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)

NO LABELS 2024

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

A. SPIERER, SARRA, , ,

Mailing Address 386A GREAT RD

City
ACTONState
MAZip Code
01720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONGREGATION BETH ELOHIMOccupation (for Individual)
CANTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2023

Transaction ID : SA11Al.10501

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. SPIERER, SARRA, , ,

Mailing Address 386A GREAT RD

City
ACTONState
MAZip Code
01720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONGREGATION BETH ELOHIMOccupation (for Individual)
CANTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2023

Transaction ID : SA11Al.10502

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. SPIERER, SARRA, , ,

Mailing Address 386A GREAT RD

City
ACTONState
MAZip Code
01720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONGREGATION BETH ELOHIMOccupation (for Individual)
CANTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2023

Transaction ID : SA11Al.10503

Amount of Each Receipt this Period

50.00

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 173 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NO LABELS 2024

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

A. SPIERER, SARRA, , ,

Mailing Address 386A GREAT RD

City
ACTONState
MAZip Code
01720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONGREGATION BETH ELOHIMOccupation (for Individual)
CANTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11AI.10504

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. SPILLERS, DAVID, , ,

Mailing Address 3555 E HIDDEN VALLEY DR

City
RENOState
NVZip Code
89502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIGIPRINTOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2023

Transaction ID : SA11AI.11917

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. SPIRO, ALAN, , ,

Mailing Address 21 LONG WALL RD

City
REDDINGState
CTZip Code
06896FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.13517

Amount of Each Receipt this Period

52.40

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

363.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 232
(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)

NO LABELS 2024

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

A. SPOHN, STEPHEN, , ,

Mailing Address 4-10-10 MINAMIAZABU MINATO-KU

City
TOKYOState
ZZZip Code
99999FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QURAZ LTDOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.10576

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION REFUNDED 1/22/2024

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

B. SPRATLEN, SUSAN, , ,

Mailing Address PO BOX 1085

City
SEABROOKState
TXZip Code
77586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2023

Transaction ID : SA11AI.12195

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

C. STATA, RAYMOND, , ,

Mailing Address 6 MILLER HILL RD

City
DOVERState
MAZip Code
02030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11AI.13385

Amount of Each Receipt this Period

1000.00

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

1510.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. STATA, RAYMOND, , ,

Mailing Address 6 MILLER HILL RD

City
DOVERState
MAZip Code
02030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2023

Transaction ID : SA11Al.13876

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. STEIN, RICK, , ,

Mailing Address 3600 RICHMOND ST

City

JACKSONVILLE

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WELLHOUSE COMPANYOccupation (for Individual)
INSURANCE BROKERAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2023

Transaction ID : SA11Al.11354

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

C. STEVENS, PAUL, , ,

Mailing Address 37 CUMBERLAND DR

City

BLUFFTON

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2023

Transaction ID : SA11Al.14698

Amount of Each Receipt this Period

10.73

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

615.21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

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

A. STEWART, WALTER, , ,

Mailing Address 7652 SANDERLING RD

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.14357

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. STINE, ROBERT, , ,

Mailing Address 522 LAKESHORE DR

City
SAWYERState
MIZip Code
49125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11AI.14278

Amount of Each Receipt this Period

208.65

☐ Memo Item

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

C. STOWE, PATRICK, , ,Mailing Address 832 GEORGIA AVE
STE 1100City
CHATTANOOGAState
TNZip Code
37402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
POINTER MANAGEMENT COOccupation (for Individual)
ASSET MANAGEMENT

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 / 05 / 2023

Transaction ID : SA11AI.10357

Amount of Each Receipt this Period

1000.00

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

1308.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUD, GARY, , ,

Mailing Address 33 PLEASANT PEAK

City
MARIONState
NCZip Code
28752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.13134

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STROUD, GARY, , ,

Mailing Address 33 PLEASANT PEAK

City
MARIONState
NCZip Code
28752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.13960

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STROUD, GARY, , ,

Mailing Address 33 PLEASANT PEAK

City
MARIONState
NCZip Code
28752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11AI.14640

Amount of Each Receipt this Period

52.40

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 232

(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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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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUD, GARY, , ,

Mailing Address 33 PLEASANT PEAK

City
MARIONState
NCZip Code
28752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11AI.14801

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUTRO, DONALD, , ,

Mailing Address 2732 CIRCLE DR

City
NEWPORT BEACHState
CAZip Code
92663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHPARK COOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.31

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2023

Transaction ID : SA11AI.12086

Amount of Each Receipt this Period

26.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTRO, DONALD, , ,

Mailing Address 2732 CIRCLE DR

City
NEWPORT BEACHState
CAZip Code
92663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHPARK COOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

379.79

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.12087

Amount of Each Receipt this Period

104.48

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 232

(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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWAN, EDWARD, , ,

Mailing Address 726 GREENWOOD AVE

City
WILMETTEState
ILZip Code
60091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.36

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2023

Transaction ID : SA11AI.12210

Amount of Each Receipt this Period

260.73

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWAN, EDWARD, , ,

Mailing Address 726 GREENWOOD AVE

City
WILMETTEState
ILZip Code
60091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.09

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2023

Transaction ID : SA11AI.13242

Amount of Each Receipt this Period

260.73

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAUBE, TAD, , ,

Mailing Address 1050 RALSTON AVE

City
BELMONTState
CAZip Code
94002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TAUBE INVESTMENTSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.11941

Amount of Each Receipt this Period

2604.48

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3125.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 232

(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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, JACQUELYN, , ,

Mailing Address 7238 GREYSTONE ST

City
LAKEWOOD RANCHState
FLZip Code
34202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.19

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2023

Transaction ID : SA11AI.12637

Amount of Each Receipt this Period

5.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, JACQUELYN, , ,

Mailing Address 7238 GREYSTONE ST

City
LAKEWOOD RANCHState
FLZip Code
34202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.71

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2023

Transaction ID : SA11AI.12832

Amount of Each Receipt this Period

5.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, JACQUELYN, , ,

Mailing Address 7238 GREYSTONE ST

City
LAKEWOOD RANCHState
FLZip Code
34202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

543.23

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2023

Transaction ID : SA11AI.13243

Amount of Each Receipt this Period

5.52

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.56

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, JACQUELYN, , ,

Mailing Address 7238 GREYSTONE ST

City
LAKEWOOD RANCHState
FLZip Code
34202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2023

Transaction ID : SA11AI.13998

Amount of Each Receipt this Period

5.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, JACQUELYN, , ,

Mailing Address 7238 GREYSTONE ST

City
LAKEWOOD RANCHState
FLZip Code
34202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2023

Transaction ID : SA11AI.14679

Amount of Each Receipt this Period

5.52

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TEVENDALE, WILLIAM, A, ,

Mailing Address 3170 WOLF WILLOW CLOSE

City
ALPHARETTAState
GAZip Code
30004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
09 / 05 / 2023

Transaction ID : SA11AI.12895

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5011.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THEUS, WILL, , ,

Mailing Address 203 HILLCREST DR

City
CALHOUNState
GAZip Code
30701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVENT HEALTHOccupation (for Individual)
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11AI.15040

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, STEVEN, , ,

Mailing Address 1416 BEDFORD RD

City
CHARLESTONState
WVZip Code
25314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAY CASTO & CHANEY PLLCOccupation (for Individual)
MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11AI.11602

Amount of Each Receipt this Period

26.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, STEVEN, , ,

Mailing Address 1416 BEDFORD RD

City
CHARLESTONState
WVZip Code
25314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAY CASTO & CHANEY PLLCOccupation (for Individual)
MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2023

Transaction ID : SA11AI.11603

Amount of Each Receipt this Period

26.35

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

152.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 232
(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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, STEVEN, , ,

Mailing Address 1416 BEDFORD RD

City
CHARLESTONState
WVZip Code
25314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAY CASTO & CHANEY PLLCOccupation (for Individual)
MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11AI.11604

Amount of Each Receipt this Period

26.35

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, DAVIS, , ,

Mailing Address 1440 SAN PASQUAL ST

City
PASADENAState
CAZip Code
91106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THOMPSON & THOMPSON INVESTMENT ADVISOROccupation (for Individual)
RIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.14809

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, THOMAS, , ,

Mailing Address 4 LITCHFORD RD

City
WOODS HOLEState
MAZip Code
02543FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BRIDGESPAN GROUPOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2023

Transaction ID : SA11AI.10759

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5526.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIGHE, KEVIN, , ,

Mailing Address 93 WALES RD

City
HOLLANDState
MAZip Code
01521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11Al.14584

Amount of Each Receipt this Period

208.65

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TINKER, DANIEL, , ,

Mailing Address 4801 N LINDHURST AVE

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SRS DISTRIBUTIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2023

Transaction ID : SA11Al.10581

Amount of Each Receipt this Period

104.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TINKER, DANIEL, , ,

Mailing Address 4801 N LINDHURST AVE

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SRS DISTRIBUTIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

522.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2023

Transaction ID : SA11Al.10582

Amount of Each Receipt this Period

104.48

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

417.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TINKER, DANIEL, , ,

Mailing Address 4801 N LINDHURST AVE

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SRS DISTRIBUTIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2023

Transaction ID : SA11AI.10583

Amount of Each Receipt this Period

104.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TINKER, DANIEL, , ,

Mailing Address 4801 N LINDHURST AVE

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SRS DISTRIBUTIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2023

Transaction ID : SA11AI.10584

Amount of Each Receipt this Period

104.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TINKER, DANIEL, , ,

Mailing Address 4801 N LINDHURST AVE

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SRS DISTRIBUTIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

835.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2023

Transaction ID : SA11AI.10585

Amount of Each Receipt this Period

104.48

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

313.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOLCHER, ANTHONY, , ,

Mailing Address 511 BLACKJACK OAK

City
SHAVANO PARKState
TXZip Code
78230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS ONCOLOGYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.48

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.11864

Amount of Each Receipt this Period

104.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TYCHONIEVICH, NANCY, , ,

Mailing Address 1702 STERLING DR

City
BLACKSBURGState
VAZip Code
24060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.31

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2023

Transaction ID : SA11AI.13524

Amount of Each Receipt this Period

625.31

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANAMBURGH, STEVE, , ,

Mailing Address 3945 MARQUETTE ST

City
DALLASState
TXZip Code
75225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KDCOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15208.65

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2023

Transaction ID : SA11AI.12060

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10729.79

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDERBROEK, MARK, , ,

Mailing Address 3387 BRYERSTONE CIR SE

City
SMYRNAState
GAZip Code
30080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NELSON MULLINS RILEY & SCARBOROUGHOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2023

Transaction ID : SA11AI.10391

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAITE, SANDRA, , ,

Mailing Address 1318 E REBECCA CIR

City
SALT LAKE CITYState
UTZip Code
84117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2023

Transaction ID : SA11AI.14781

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, DAVID, , ,

Mailing Address 6040 EDGEWOOD TER

City
ALEXANDRIAState
VAZip Code
22307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2023

Transaction ID : SA11AI.12734

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 232

(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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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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALKER, DAVID, , ,

Mailing Address 6040 EDGEWOOD TER

City
ALEXANDRIAState
VAZip Code
22307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2023

Transaction ID : SA11AI.12875

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALKER, DAVID, , ,

Mailing Address 6040 EDGEWOOD TER

City
ALEXANDRIAState
VAZip Code
22307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11AI.13427

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, DAVID, , ,

Mailing Address 6040 EDGEWOOD TER

City
ALEXANDRIAState
VAZip Code
22307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2023

Transaction ID : SA11AI.14084

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 232
(check only one)

<input checked="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			

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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALKER, DAVID, , ,

Mailing Address 6040 EDGEWOOD TER

City
ALEXANDRIAState
VAZip Code
22307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2023

Transaction ID : SA11Al.14735

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLISON, FRIEDA, , ,

Mailing Address 1880 LAZY O RD

City
SNOWMASSState
COZip Code
81654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2023

Transaction ID : SA11Al.14282

Amount of Each Receipt this Period

521.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALRAVEN, MORRIS, , ,

Mailing Address 2185 WOODRIDGE DR

City
MACUNGIEState
PAZip Code
18062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2023

Transaction ID : SA11Al.14460

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

646.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARREN, BENJAMIN, , ,Mailing Address 109 N POST OAK LN
STE 410City
HOUSTONState
TXZip Code
77024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ITC TRADING COMPANY LTDOccupation (for Individual)
CEO

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 / 11 / 2023

Transaction ID : SA11AI.10552

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, DAVID, , ,

Mailing Address 257 OCEAN DR W

City
STAMFORDState
CTZip Code
06902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12348

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, DAVID, , ,

Mailing Address 257 OCEAN DR W

City
STAMFORDState
CTZip Code
06902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

654.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11AI.13744

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEININGER, BRUCE, , ,

Mailing Address 13316 SLALOM RUN WAY

City
KAMASState
UTZip Code
84036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KOVITZ INVESTMENT GROUPOccupation (for Individual)
CONSULTANT

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
09 / 11 / 2023

Transaction ID : SA11AI.10730

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELLS, TOM, , ,

Mailing Address PO BOX 100

City
WOODSTOCKState
ILZip Code
60098FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WMC HOLDINGS INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10521.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.10600

Amount of Each Receipt this Period

10416.98

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELSH, MATTHEW, , ,

Mailing Address 2223 SAN MARCO DR

City
LOS ANGELESState
CAZip Code
90068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LUNDBECKOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2023

Transaction ID : SA11AI.11167

Amount of Each Receipt this Period

521.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13438.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 192 OF 232
(check only one)

<input checked="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			

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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WESTBERG, ERIC, , ,

Mailing Address 133 OVERBROOK RD

City
PISCATAWAYState
NJZip Code
08854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2023

Transaction ID : SA11AI.14047

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WESTERBY, DAVID, , ,

Mailing Address 4796 S BONITA BAY DR

City
SAINT GEORGEState
UTZip Code
84790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2023

Transaction ID : SA11AI.12567

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTERBY, DAVID, , ,

Mailing Address 4796 S BONITA BAY DR

City
SAINT GEORGEState
UTZip Code
84790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11AI.12810

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 193 OF 232
(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WESTERBY, DAVID, , ,

Mailing Address 4796 S BONITA BAY DR

City
SAINT GEORGEState
UTZip Code
84790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11AI.12968

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WESTERBY, DAVID, , ,

Mailing Address 4796 S BONITA BAY DR

City
SAINT GEORGEState
UTZip Code
84790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11AI.13902

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTERBY, DAVID, , ,

Mailing Address 4796 S BONITA BAY DR

City
SAINT GEORGEState
UTZip Code
84790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.14585

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 232

(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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, MICHAEL, , ,

Mailing Address 800 MANATEE INLT

City
VERO BEACHState
FLZip Code
32963FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11AI.12352

Amount of Each Receipt this Period

2604.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIETHORN, LAWRENCE, , ,

Mailing Address 1749 SYLVAN AVE

City
HARBOR SPRINGSState
MIZip Code
49740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2023

Transaction ID : SA11AI.13882

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2023

Transaction ID : SA11AI.11040

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3154.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 195 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2023

Transaction ID : SA11AI.11041

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11AI.11042

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

354.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2023

Transaction ID : SA11AI.11043

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 232

(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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2023

Transaction ID : SA11Al.11044

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILKINS, JEFF, , ,

Mailing Address 1861 LAKE SHORE DR

City
COLUMBUSState
OHZip Code
43204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FACILITIES MANAGEMENT EXPRESSOccupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.48

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11Al.11045

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOERNER, JOHN, , ,

Mailing Address PO BOX 8

City
MINNETONKA BEACHState
MNZip Code
55361FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2023

Transaction ID : SA11Al.13138

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 232
(check only one)

<input checked="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			

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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLCOTT, EDWARD, , ,

Mailing Address 4624 NW 17TH PL

City
GAINESVILLEState
FLZip Code
32605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11Al.13745

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLCOTT, EDWARD, , ,

Mailing Address 4624 NW 17TH PL

City
GAINESVILLEState
FLZip Code
32605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2023

Transaction ID : SA11Al.14037

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLDENBERG, JIM, , ,

Mailing Address 2096 PARK LN

City
HIGHLAND PARKState
ILZip Code
60035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEATHROW SCIENTIFICOccupation (for Individual)
BUSINESS EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2023

Transaction ID : SA11Al.10488

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

604.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 232

(check only one)

<input checked="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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOD, RAANN, , ,

Mailing Address 400 POWDER BOX RD

City
CLARKDALEState
AZZip Code
86324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2023

Transaction ID : SA11AI.13073

Amount of Each Receipt this Period

104.48

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODS, DAVID, , ,

Mailing Address 114 PRYNNWOOD RD

City
LONGMEADOWState
MAZip Code
01106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3541.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2023

Transaction ID : SA11AI.12393

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODS, JOHN, , ,

Mailing Address 212 WILKES ST

City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2023

Transaction ID : SA11AI.14790

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1129.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 232
(check only one)

<input checked="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
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YEAGER, KAY, , ,

Mailing Address 2111 AVONDALE ST

City
WICHITA FALLSState
TXZip Code
76308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5208.65

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2023

Transaction ID : SA11AI.11383

Amount of Each Receipt this Period

5208.65

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YEVICH, ROBERT, , ,

Mailing Address 14454 RIVERSIDE DR

City
ASHLANDState
VAZip Code
23005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.13153

Amount of Each Receipt this Period

521.15

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENTNER, GARY, , ,

Mailing Address 23077 SHADY KNOLL DR

City
ESTEROState
FLZip Code
34135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2023

Transaction ID : SA11AI.13154

Amount of Each Receipt this Period

52.40

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5782.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 200 OF 232
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NO LABELS 2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZENTNER, GARY, , ,

Mailing Address 23077 SHADY KNOLL DR

City
ESTEROState
FLZip Code
34135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2023

Transaction ID : SA11Al.13941

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZENTNER, GARY, , ,

Mailing Address 23077 SHADY KNOLL DR

City
ESTEROState
FLZip Code
34135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2023

Transaction ID : SA11Al.14609

Amount of Each Receipt this Period

52.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENTNER, GARY, , ,

Mailing Address 23077 SHADY KNOLL DR

City
ESTEROState
FLZip Code
34135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.80

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2023

Transaction ID : SA11Al.14796

Amount of Each Receipt this Period

52.40

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.20

560682.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 201 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15207

Amount of Each Disbursement this Period

599.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15205

Amount of Each Disbursement this Period

706.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15206

Amount of Each Disbursement this Period

373.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1679.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 202 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15204

Amount of Each Disbursement this Period

1925.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15203

Amount of Each Disbursement this Period

1451.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15202

Amount of Each Disbursement this Period

110.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3487.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 203 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15201

Amount of Each Disbursement this Period

1206.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15200

Amount of Each Disbursement this Period

431.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15198

Amount of Each Disbursement this Period

306.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1943.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 204 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15199

Amount of Each Disbursement this Period

207.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15197

Amount of Each Disbursement this Period

221.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15196

Amount of Each Disbursement this Period

134.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

564.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15195

Amount of Each Disbursement this Period

 71.80☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15194

Amount of Each Disbursement this Period

 385.04☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15208

Amount of Each Disbursement this Period

 101.47☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 558.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2							2023

FEC Identification Number

C

Transaction ID : SB21B.15209

Amount of Each Disbursement this Period

48.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2							2023

FEC Identification Number

C

Transaction ID : SB21B.15210

Amount of Each Disbursement this Period

21.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4							2023

FEC Identification Number

C

Transaction ID : SB21B.15211

Amount of Each Disbursement this Period

217.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

287.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15212

Amount of Each Disbursement this Period

10.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15213

Amount of Each Disbursement this Period

44.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15214

Amount of Each Disbursement this Period

15.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15215

Amount of Each Disbursement this Period

44.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15216

Amount of Each Disbursement this Period

17.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15217

Amount of Each Disbursement this Period

29.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

91.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15218

Amount of Each Disbursement this Period

81.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15219

Amount of Each Disbursement this Period

11.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15220

Amount of Each Disbursement this Period

14.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

107.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15221

Amount of Each Disbursement this Period

 28.27☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15222

Amount of Each Disbursement this Period

 19.81☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15223

Amount of Each Disbursement this Period

 23.19☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 71.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15224

Amount of Each Disbursement this Period

71.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15225

Amount of Each Disbursement this Period

20.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15226

Amount of Each Disbursement this Period

8.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15227

Amount of Each Disbursement this Period

 21.37☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15228

Amount of Each Disbursement this Period

 35.31☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15228

Amount of Each Disbursement this Period

 63.65☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 120.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15230

Amount of Each Disbursement this Period

166.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15231

Amount of Each Disbursement this Period

373.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15232

Amount of Each Disbursement this Period

314.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

854.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15233

Amount of Each Disbursement this Period

163.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15234

Amount of Each Disbursement this Period

101.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15235

Amount of Each Disbursement this Period

126.65

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

391.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15236

Amount of Each Disbursement this Period

133.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15237

Amount of Each Disbursement this Period

37.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.15238

Amount of Each Disbursement this Period

1078.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15239

Amount of Each Disbursement this Period

193.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15240

Amount of Each Disbursement this Period

981.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15241

Amount of Each Disbursement this Period

203.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1378.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15242

Amount of Each Disbursement this Period

 109.62☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15243

Amount of Each Disbursement this Period

 298.75☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15244

Amount of Each Disbursement this Period

 323.83☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7	3	2	.	2	0
---	---	---	---	---	---

7	3	2	.	2	0
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15245

Amount of Each Disbursement this Period

49.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15246

Amount of Each Disbursement this Period

138.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15247

Amount of Each Disbursement this Period

229.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

418.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15248**

Amount of Each Disbursement this Period

155.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15249**

Amount of Each Disbursement this Period

161.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15251**

Amount of Each Disbursement this Period

51.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

368.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15251

Amount of Each Disbursement this Period

285.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15252

Amount of Each Disbursement this Period

74.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15253

Amount of Each Disbursement this Period

106.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

466.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C

Transaction ID : SB21B.15254

Amount of Each Disbursement this Period

178.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C

Transaction ID : SB21B.15255

Amount of Each Disbursement this Period

36.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2023			

FEC Identification Number

C

Transaction ID : SB21B.15255

Amount of Each Disbursement this Period

52.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

267.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15257

Amount of Each Disbursement this Period

565.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15258

Amount of Each Disbursement this Period

301.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15255

Amount of Each Disbursement this Period

388.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1255.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15260

Amount of Each Disbursement this Period

169.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15261

Amount of Each Disbursement this Period

628.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15262

Amount of Each Disbursement this Period

311.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1109.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15263**

Amount of Each Disbursement this Period

67.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15264**

Amount of Each Disbursement this Period

68.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	2	3

FEC Identification Number

C**Transaction ID : SB21B.15265**

Amount of Each Disbursement this Period

26.49

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15266

Amount of Each Disbursement this Period

39.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15267

Amount of Each Disbursement this Period

50.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15268

Amount of Each Disbursement this Period

13.45

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

103.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15269

Amount of Each Disbursement this Period

27.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15270

Amount of Each Disbursement this Period

462.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.15271

Amount of Each Disbursement this Period

20.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

510.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15272

Amount of Each Disbursement this Period

17.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15273

Amount of Each Disbursement this Period

409.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15274

Amount of Each Disbursement this Period

43.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

470.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15274

Amount of Each Disbursement this Period

 16.31☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	3		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15275

Amount of Each Disbursement this Period

 10.80☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	4		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15276

Amount of Each Disbursement this Period

 13.03☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 40.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12			15			2023						

FEC Identification Number

C

Transaction ID : SB21B.15277

Amount of Each Disbursement this Period

14.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12			19			2023						

FEC Identification Number

C

Transaction ID : SB21B.15281

Amount of Each Disbursement this Period

18.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12			20			2023						

FEC Identification Number

C

Transaction ID : SB21B.15281

Amount of Each Disbursement this Period

1.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

34.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 232

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15279

Amount of Each Disbursement this Period

9.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLDOG COMPLIANCEMailing Address 138 CONANT ST
STE 401City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15283

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG COMPLIANCEMailing Address 138 CONANT ST
STE 401City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.15284

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5009.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 232

<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)

NO LABELS 2024

Full Name (Last, First, Middle Initial)

A. EVENT SOURCES PROFESSIONAL, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	2	3		

Mailing Address 4109 GATEWAY CT
STE 300City
COLLEYVILLEState
TXZip Code
76034

Purpose of Disbursement

EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Transaction ID : SB21B.15293

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THREE ARBOR INSURANCE, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	3		2	0	2	3		

Mailing Address 2828 OLD 280 COURT
STE 126City
VESTAVIAState
ALZip Code
35243

Purpose of Disbursement

INSURANCE

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Transaction ID : SB21B.15295

Amount of Each Disbursement this Period

36205.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UPRIGHT POSITION COMMUNICATIONS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		2	0		2	0	2	3		

Mailing Address 68315 VEGA RD

City
CATHEDRAL CITYState
CAZip Code
92234

Purpose of Disbursement

PRODUCTION COST: VIDEOGRAPHY (NON-IE RELATED)

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Transaction ID : SB21B.15297

Amount of Each Disbursement this Period

30000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

116205.00

TOTAL This Period (last page this line number only).....▶

140113.52

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NO LABELS 2024

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NO LABELS

Nature of Debt (Purpose):

LEGAL CONSULTING: DEBTS INCURRED
THIS PERIOD PAID 1/9/24

Mailing Address PO BOX 25397

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10281

Amount Incurred This Period

11090.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

11090.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NO LABELS

Nature of Debt (Purpose):

STAFF SALARIES: DEBTS INCURRED THIS
PERIOD PAID 1/9/24

Mailing Address PO BOX 25397

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10279

Amount Incurred This Period

98640.74

Payment This Period

0.00

Outstanding Balance at Close of This Period

98640.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NO LABELS

Nature of Debt (Purpose):

VIDEO PRODUCTION (NON-IE RELATED):
DEBTS INCURRED THIS PERIOD PAID
1/9/24

Mailing Address PO BOX 25397

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10280

Amount Incurred This Period

18500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

128231.49

2) **TOTALS** This Period (last page this line number only)..... ►

128231.49

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) ►

128231.49