

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Lisa McClain for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26236.05	98017.14
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25236.05	97017.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40439.65	74993.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40439.65	74993.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32952.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Lisa McClain for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11650.00	28650.00
(ii) Unitemized	86.05	367.14
(iii) TOTAL of contributions from individuals ▶	11736.05	29017.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14500.00	69000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26236.05	98017.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26236.05	98017.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40439.65	74993.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	250000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	250000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	41439.65	325993.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48155.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26236.05
25. SUBTOTAL (add Line 23 and Line 24).....	74391.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41439.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32952.06

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

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

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

A. Full Name (Last, First, Middle Initial)
Becker, Jed, , ,

Mailing Address 294 Mansfield Ave

City Darien State CT Zip Code 06820

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

Name of Employer Occupation
Eurpac Service Inc Business Manager

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2021

Transaction ID : SA11AI.11283

Amount of Each Receipt this Period
2500.00

Memo Item
Direct Contribution

B. Full Name (Last, First, Middle Initial)
Foster, Behrends, , ,

Mailing Address 1722 North Nelson St

City Arlington State VA Zip Code 22207

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

Name of Employer Occupation
Bluestone Strategies GVT Affairs Rep

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2021

Transaction ID : SA11AI.11292

Amount of Each Receipt this Period
1000.00

Memo Item
Direct Contribution

C. Full Name (Last, First, Middle Initial)
Gordy, Thomas, , ,

Mailing Address 12089 Hooker Lane

City Nokesville State VA Zip Code 20181

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

Name of Employer Occupation
Armed Forces Markerting Council President

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2021

Transaction ID : SA11AI.11286

Amount of Each Receipt this Period
2500.00

Memo Item
Direct Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 17	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

A. Full Name (Last, First, Middle Initial)
Hogan, Paul, , ,

Mailing Address 112 Viera Drive

City Palm Beach Gardens	State FL	Zip Code 33407
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FEC ID number of contributing federal political committee. **C**

Name of Employer OSC	Occupation Supply Chain
-------------------------	----------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2021

Transaction ID : SA11AI.11289

Amount of Each Receipt this Period
2500.00

Memo Item
Direct Contribution

B. Full Name (Last, First, Middle Initial)
Larkins, Blair, , ,

Mailing Address 220 South Fayette St

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bockomy Group	Occupation Gov't Affairs
-----------------------------------	-----------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2021

Transaction ID : SA11AI.11358

Amount of Each Receipt this Period
250.00

Memo Item
Direct Contribution

C. Full Name (Last, First, Middle Initial)
Weiser, Ronald, , ,

Mailing Address 320 North Main Stree
Suite 200

City Ann Arbor	State MI	Zip Code 48104
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FEC ID number of contributing federal political committee. **C**

Name of Employer McKinley Associates Inc.	Occupation Excutive
--	------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2021

Transaction ID : SA11AI.11308

Amount of Each Receipt this Period
2900.00

Memo Item
Direct Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5650.00
TOTAL This Period (last page this line number only).....▶	11650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

A. Full Name (Last, First, Middle Initial)
DREW FERGUSON FOR CONGRESS INC.

Mailing Address PO BOX 71067

City NEWMAN	State GA	Zip Code 30271
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FEC ID number of contributing federal political committee. **C** C00607838

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2021

Transaction ID : SA11C.11355

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
 Direct Contribution

B. Full Name (Last, First, Middle Initial)
HOUSE CONSERVATIVES FUND

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer	Occupation
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2021

Transaction ID : SA11C.11296

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
 Direct Contribution

C. Full Name (Last, First, Middle Initial)
JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City CAPE GIRARDEAU	State MO	Zip Code 63702
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00541862

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2021

Transaction ID : SA11C.11295

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 4000.00
TOTAL This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

A. Full Name (Last, First, Middle Initial)
SCALISE, STEVE MR, , ,

Mailing Address PO BOX 23219

City JEFFERSON	State LA	Zip Code 70183
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FEC ID number of contributing federal political committee. **C** HOLA01087

Name of Employer US House	Occupation Congressman
------------------------------	---------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2021

Transaction ID : SA11C.11297

Amount of Each Receipt this Period
2000.00

Memo Item
Direct Contribution

B. Full Name (Last, First, Middle Initial)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Mailing Address 2800 SHIRLINGTON RD
STE 1200

City ARLINGTON	State VA	Zip Code 22206
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FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer	Occupation
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2021

Transaction ID : SA11C.11294

Amount of Each Receipt this Period
1000.00

Memo Item
Direct Contribution

C. Full Name (Last, First, Middle Initial)
THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2021

Transaction ID : SA11C.11300

Amount of Each Receipt this Period
5000.00

Memo Item
Direct Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶	8000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 17	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

A. Full Name (Last, First, Middle Initial)
VICTORY AND FREEDOM PAC (VAF PAC)

Mailing Address 1909 K STREET, NW
12TH FLOOR

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00525212

Name of Employer	Occupation
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2021

Transaction ID : SA11C.11352

Amount of Each Receipt this Period
2500.00

Memo Item
Direct Contribution

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	14500.00

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

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. Accurate World LL		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address 4481 White Plains Lane 3018		FEC Identification Number C C00726042
City White Plains	State MD	Zip Code 20695
Purpose of Disbursement Printing Expense	Category/ Type 001	Amount of Each Disbursement this Period 779.00
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11269 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 02 / 16 / 2021
Mailing Address 300 First Street SE		FEC Identification Number C C00726042
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Club Fees	Category/ Type 001	Amount of Each Disbursement this Period 42.70
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11261 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Congressional Institute Inc		Date of Disbursement MM / DD / YYYY 03 / 15 / 2021
Mailing Address Diagonal Rd #300		FEC Identification Number C C00726042
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Congressional Member	Category/ Type 001	Amount of Each Disbursement this Period 648.00
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11345 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1469.70
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 02 / 10 / 2021
Mailing Address 1030 Delta Boulevard		FEC Identification Number C C00726042
City Atlanta	State MI	Zip Code 30354
Purpose of Disbursement Business Travel	Category/ Type 001	Amount of Each Disbursement this Period 358.40
Candidate Name Lisa McClain for Congress	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11258
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 02 / 10 / 2021
Mailing Address 1030 Delta Boulevard		FEC Identification Number C C00726042
City Atlanta	State MI	Zip Code 30354
Purpose of Disbursement Bussiness Travel	Category/ Type 001	Amount of Each Disbursement this Period 132.40
Candidate Name Lisa McClain for Congress	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11259
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Delta		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 1030 Delta Boulevard		FEC Identification Number C C00726042
City Atlanta	State MI	Zip Code 30354
Purpose of Disbursement Air Fare-Travel	Category/ Type 002	Amount of Each Disbursement this Period 198.40
Candidate Name Lisa McClain for Congress	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11270
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	689.20
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 1030 Delta Boulevard		FEC Identification Number C C00726042
City Atlanta	State MI	Zip Code 30354
Purpose of Disbursement Air Fare-Travel	Category/ Type 002	Amount of Each Disbursement this Period 178.40
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11271 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 1030 Delta Boulevard		FEC Identification Number C C00726042
City Atlanta	State MI	Zip Code 30354
Purpose of Disbursement Air Fare-Travel	Category/ Type 002	Amount of Each Disbursement this Period 34.99
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11272 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hilton		Date of Disbursement MM / DD / YYYY 02 / 22 / 2021
Mailing Address 1550 N Atlantic Ave		FEC Identification Number C C00726042
City Cocoa Beach	State FL	Zip Code 32931
Purpose of Disbursement Business travel	Category/ Type 002	Amount of Each Disbursement this Period 564.16
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11264 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	777.55
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. i360		Date of Disbursement MM / DD / YYYY 02 / 28 / 2021
Mailing Address PO Box 663		FEC Identification Number C C00726042
City Arlington	State VA	Zip Code 22216
Purpose of Disbursement Website Fees	Category/ Type 001	Amount of Each Disbursement this Period 300.00
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11265 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. i360		Date of Disbursement MM / DD / YYYY 03 / 23 / 2021
Mailing Address PO Box 663		FEC Identification Number C C00726042
City Arlington	State VA	Zip Code 22216
Purpose of Disbursement Website Fees	Category/ Type 001	Amount of Each Disbursement this Period 150.00
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11274 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. McClain, Mike, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2021
Mailing Address 11540 34 Mile Rd		FEC Identification Number C C00726042
City Bruce Township	State MI	Zip Code 48065
Purpose of Disbursement Expense Reimbursement	Category/ Type 002	Amount of Each Disbursement this Period 971.33
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11237 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1421.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. McClain, Mike, , ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2021
Mailing Address 11540 34 Mile Rd		FEC Identification Number C C00726042
City Bruce Township	State MI	Zip Code 48065
Purpose of Disbursement Travel Expenses	002	
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 315.76
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11238
State: MI District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. New Age Entertainment		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2021
Mailing Address 51120 Miliano Dr.		FEC Identification Number C C00726042
City Macomb	State MI	Zip Code 48042
Purpose of Disbursement Communication	001	
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 2409.38
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11249
State: MI District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Sapori Italian Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2021
Mailing Address 6067 26 Mile Rd		FEC Identification Number C C00726042
City Washington	State MI	Zip Code 48094
Purpose of Disbursement Food Expense	001	
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 749.70
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.11277
State: MI District: 10	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3474.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. The Dry Dock		Date of Disbursement MM / DD / YYYY 02 / 08 / 2021
Mailing Address 102 Quay St.		FEC Identification Number C C00726042
City Port Huron	State MI	Zip Code 48060
Purpose of Disbursement Business meeting	Category/ Type 001	Amount of Each Disbursement this Period 236.31
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11252 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. The Townsend Group		Date of Disbursement MM / DD / YYYY 01 / 05 / 2021
Mailing Address 2025 M Street NW Suite 800		FEC Identification Number C C00726042
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Advertising Fee-In house	Category/ Type 004	Amount of Each Disbursement this Period 11242.92
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11246 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Transxt		Date of Disbursement MM / DD / YYYY 03 / 26 / 2021
Mailing Address 190 Monroe Ave Suite 500		FEC Identification Number C C00726042
City Grand Rapids	State MI	Zip Code 49503
Purpose of Disbursement Transaction Fees	Category/ Type 001	Amount of Each Disbursement this Period 415.63
Candidate Name Lisa McClain for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI District: 10	Transaction ID : SB17.11359 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11894.86
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2021
Mailing Address 42383 Garfield Road		FEC Identification Number C C00726042
City Clinton Twp	State MI	Zip Code 48038
Purpose of Disbursement Postal Box payment	Category/Type 001	
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 288.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 10	Transaction ID : SB17.11243 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Warner Norcross and Judd LLP		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2021
Mailing Address 2000 Town Center Ste 2700		FEC Identification Number C C00726042
City Southfield	State MI	Zip Code 48075
Purpose of Disbursement Attorney Fees	Category/Type 001	
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 20000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 10	Transaction ID : SB17.11241 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name		Amount of Each Disbursement this Period
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:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	20288.00
TOTAL This Period (last page this line number only).....▶	40015.48

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Lisa McClain for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2021
Mailing Address 1212 NEW YORK AVE NW SUITE 1100		FEC Identification Number C C00726042
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement Refund of General Debt Repayment		Category/ Type 010
Candidate Name Lisa McClain for Congress		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20C.11281
State: MI District: 10		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00