

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

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843



Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

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

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

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

Election on

M M M / D D D / 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
07 01 2020

through

M M M / D D D / Y Y Y Y Y Y
07 31 2020

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

KOCH, TIMOTHY, A.,

Type or Print Name of Treasurer

Signature of Treasurer

KOCH, TIMOTHY, A.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2020

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

WITH HONOR PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		167420.05
(b) Cash on Hand at Beginning of Reporting Period.....	166375.97	
(c) Total Receipts (from Line 19)	46350.00	126720.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	212725.97	294140.05
7. Total Disbursements (from Line 31).....	20435.28	101849.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	192290.69	192290.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2020

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).....

46250.00

121250.00

(ii) Unitemized

100.00

470.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

46350.00

121720.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

46350.00

126720.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

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))

46350.00

126720.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

46350.00

126720.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2935.28	13718.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2935.28	13718.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	88131.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	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)) ..	20435.28	101849.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20435.28	101849.36

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)	46350.00	126720.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46350.00	126720.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2935.28	13718.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2935.28	13718.36

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

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

FOR LINE NUMBER: PAGE 6 OF 15
 (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)
WITH HONOR PAC

A. Brierley, Harold, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4324 St Johns Dr <table style="width: 100%;"> <tr> <td style="width: 33%;">City Dallas</td> <td style="width: 15%;">State TX</td> <td style="width: 52%;">Zip Code 75205</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) The Brierley Group, LLC</td> <td style="width: 67%;">Occupation (for Individual) Executive</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			City Dallas	State TX	Zip Code 75205	Name of Employer (for Individual) The Brierley Group, LLC	Occupation (for Individual) Executive	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 07 01 2020 </div> </div> Transaction ID : SA11AI.6672 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">5000.00</div> <input type="checkbox"/> Memo Item Contribution
City Dallas	State TX	Zip Code 75205						
Name of Employer (for Individual) The Brierley Group, LLC	Occupation (for Individual) Executive							
B. Brierly, Dianne, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4324 St. Johns Drive <table style="width: 100%;"> <tr> <td style="width: 33%;">City Dallas</td> <td style="width: 15%;">State TX</td> <td style="width: 52%;">Zip Code 75205</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Retired</td> <td style="width: 67%;">Occupation (for Individual) Retired</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			City Dallas	State TX	Zip Code 75205	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 07 01 2020 </div> </div> Transaction ID : SA11AI.6676 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">5000.00</div> <input type="checkbox"/> Memo Item Contribution
City Dallas	State TX	Zip Code 75205						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired							
C. Crowley, John, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 307 Acadia Lane <table style="width: 100%;"> <tr> <td style="width: 33%;">City Celebration</td> <td style="width: 15%;">State FL</td> <td style="width: 52%;">Zip Code 34747</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Amicus Therapeutics, Inc</td> <td style="width: 67%;">Occupation (for Individual) CEO</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 5000.00			City Celebration	State FL	Zip Code 34747	Name of Employer (for Individual) Amicus Therapeutics, Inc	Occupation (for Individual) CEO	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 07 13 2020 </div> </div> Transaction ID : SA11AI.6684 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">5000.00</div> <input type="checkbox"/> Memo Item Contribution
City Celebration	State FL	Zip Code 34747						
Name of Employer (for Individual) Amicus Therapeutics, Inc	Occupation (for Individual) CEO							
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px;">15000.00</div>					
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>					

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

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

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. Eubanks, Grazyna, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11491 East Running Deer Trail City Scottsdale State AZ Zip Code 85262 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) ABB Occupation (for Individual) HR Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2020 Transaction ID : SA11AI.6690 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item Contribution
B. Mathias, Dale, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 135 Central Park West 8N City New York State NY Zip Code 10023 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Occupation (for Individual) Advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2020 Transaction ID : SA11AI.6687 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
C. Mathias, Edward, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 135 Central Park West 8N City New York State NY Zip Code 10023 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Carlyle Occupation (for Individual) Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 21 / 2020 Transaction ID : SA11AI.6691 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			11000.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

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

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Novogratz, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2020 Transaction ID : SA11AI.6694	
Mailing Address 77 Water Street FL 9				
City New York	State NY	Zip Code 10005		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5000.00	
Name of Employer (for Individual) Galaxy Digital Services, LLC		Occupation (for Individual) Founder/CEO	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Novogratz, Sukey, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2020 Transaction ID : SA11AI.6693	
Mailing Address 77 Water Street FL 9				
City New York	State NY	Zip Code 10005		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5000.00	
Name of Employer (for Individual) Homemaker		Occupation (for Individual) Homemaker	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Platt, Laurie, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2020 Transaction ID : SA11AI.6661	
Mailing Address 28 Glen Abbey				
City Dallas	State TX	Zip Code 75248		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 5000.00	
Name of Employer (for Individual) Homemaker		Occupation (for Individual) Homemaker	<input type="checkbox"/> Memo Item Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00		
SUBTOTAL of Receipts This Page (optional).....			15000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Plum, Kathy, , ,

Mailing Address 6 Isle Ridge

City

Hobe Sound

State

FL

Zip Code

33455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2020

Transaction ID : SA11AI.6681

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

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

B. Thiel, Michael, , ,

Mailing Address 2070 Oakley Ave

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2020

Transaction ID : SA11AI.6680

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

5250.00

46250.00

**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 10 OF 15

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2020

FEC Identification Number

C**Transaction ID : SB21B.6633**

Amount of Each Disbursement this Period

385.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2020

FEC Identification Number

C**Transaction ID : SB21B.6654**

Amount of Each Disbursement this Period

578.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2020

FEC Identification Number

C**Transaction ID : SB21B.6658**

Amount of Each Disbursement this Period

9.93

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

973.93

**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 11 OF 15

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	5				2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.6659**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	6				2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.6660**

Amount of Each Disbursement this Period

4.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.6663**

Amount of Each Disbursement this Period

192.80

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

389.75

**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 12 OF 15

<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)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2020

FEC Identification Number

C**Transaction ID : SB21B.6664**

Amount of Each Disbursement this Period

38.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2020

FEC Identification Number

C**Transaction ID : SB21B.6671**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Accounting/Compliance Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2020

FEC Identification Number

C**Transaction ID : SB21B.6668**

Amount of Each Disbursement this Period

1340.00

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

1571.60

2935.28

**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 13 OF 15

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. AUGUST PFLUGER FOR CONGRESS

Mailing Address PO BOX 3530

City
SAN ANGELOState
TXZip Code
76902Purpose of Disbursement
Contribution

Candidate Name

PFLUGER, AUGUST LEE, , II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0				2	0	2	0

FEC Identification Number

C C00719294**Transaction ID : SB23.6670**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BERGMANFORCONGRESS

Mailing Address 3585 BUNKER HILL RD, #434

City
ACMEState
MIZip Code
49610Purpose of Disbursement
Contribution

Candidate Name

BERGMAN, JOHN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 01

Date of Disbursement

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

FEC Identification Number

C C00614214**Transaction ID : SB23.6629**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BERGMANFORCONGRESS

Mailing Address 3585 BUNKER HILL RD, #434

City
ACMEState
MIZip Code
49610Purpose of Disbursement
Contribution

Candidate Name

BERGMAN, JOHN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0				2	0	2	0

FEC Identification Number

C C00614214**Transaction ID : SB23.6669**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. CISNEROS FOR CONGRESS

Mailing Address P.O. BOX 40

City
PLACENTIAState
CAZip Code
92871Purpose of Disbursement
Contribution

Candidate Name

CISNEROS, GILBERT, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 39

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	0		

FEC Identification Number

C C00650648**Transaction ID : SB23.6657**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLAYTON FULLER FOR CONGRESSMailing Address 1323 W WALNUT AVE
STE 2-352City
DALTONState
GAZip Code
30720Purpose of Disbursement
2020 Primary Debt Retirement

Candidate Name

FULLER, CLAYTON, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	0		

FEC Identification Number

C C00732842**Transaction ID : SB23.6656**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF RD

Mailing Address PO BOX 1101

City
CHARLOTTESVILLEState
VAZip Code
22902Purpose of Disbursement
2020 Primary Debt Retirement

Candidate Name

HUFFSTETLER, ROGER DEAN RD, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	0		

FEC Identification Number

C C00637918**Transaction ID : SB23.6655**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

PAGE 15 OF 15

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. TODD CHASE FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2020

Mailing Address 4111 NW 16TH BLVD
UNIT 357212City
GAINESVILLEState
FLZip Code
32635Purpose of Disbursement
Contribution

Candidate Name

CHASE, TODD, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 03

Category/
Type

FEC Identification Number

C C00737437**Transaction ID : SB23.6665**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2500.00

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

17500.00