

**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

GREG PENCE VICTORY

ADDRESS (number and street)

PO BOX 275

Check if different
than previously
reported. (ACC)

TAYLORSVILLE

IN

47280

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00680769

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 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

CRATE, BRADLEY, T, MR.,

Signature of Treasurer

CRATE, BRADLEY, T, MR.,

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

GREG PENCE VICTORY

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2024

To:

M M / D D / Y Y Y Y
03 31 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		41706.09
(b) Cash on Hand at Beginning of Reporting Period.....	41706.09	
(c) Total Receipts (from Line 19)	32763.73	32763.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74469.82	74469.82
7. Total Disbursements (from Line 31)	34586.65	34586.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39883.17	39883.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GREG PENCE VICTORY

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2024

To:

M M / D D / Y Y Y Y
03 31 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

31751.88

31751.88

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

31751.88

31751.88

(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)

31751.88

31751.88

12. Transfers From Affiliated/Other

Party Committees.....

1011.85

1011.85

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))

32763.73

32763.73

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

32763.73

32763.73

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	2597.48	2597.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2597.48	2597.48
22. Transfers to Affiliated/Other Party Committees.....	31989.17	31989.17
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	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)) ..	34586.65	34586.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34586.65	34586.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	31751.88	31751.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31751.88	31751.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2597.48	2597.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2597.48	2597.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12
(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)

GREG PENCE VICTORY

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

A. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

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
01 / 12 / 2024

Transaction ID : SA11AI.9707

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2024

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3125.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2024

Transaction ID : SA11AI.9709

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)..... ►

3125.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 12
(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)

GREG PENCE VICTORY

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

A. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4167.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2024

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

B. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5209.90

Date of Receipt

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

Transaction ID : SA11AI.9711

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

C. FUITEN, JAMES, D, ,

Mailing Address 9240 NW GROVELAND RD

City
HILLSBOROState
ORZip Code
97124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
METRO WEST AMBULANCEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6251.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2024

Transaction ID : SA11AI.9712

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)..... ►

3125.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 12
(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)

GREG PENCE VICTORY

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

A. HUSTON, DANNY, R., ,

Mailing Address 616 W JACKSON ST

City
PARKER CITYState
INZip Code
47368FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NORTH AMERICAN MIDWAY ENTERTAINMENT LL

Occupation (for Individual)

MOBILE AMUSEMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2024

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

25000.00

☐ Memo Item

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

B. SHAW, RHOD, , ,

Mailing Address 230 W WINDSOR AVE

City
ALEXANDRIAState
VAZip Code
22301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ALPINE GROUP

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2024

Transaction ID : SA11AI.9705

Amount of Each Receipt this Period

500.00

☐ Memo Item

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)..... ▶

25500.00

31751.88

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

FOR LINE NUMBER: PAGE 9 OF 12

(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)

GREG PENCE VICTORY

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

A. GREG PENCE FOR CONGRESS

Mailing Address PO BOX 275

City
TAYLORSVILLEState
INZip Code
47280FEC ID number of contributing
federal political committee.

C

C00658401

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1011.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2024

Transaction ID : SA12.9704

Amount of Each Receipt this Period

1011.85

☐

Memo Item

RETURN OF EXCESS FUNDS

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

B.

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

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)..... ►

1011.85

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

1011.85

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

PAGE 10 OF 12

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)

GREG PENCE VICTORY

Full Name (Last, First, Middle Initial)

A. DICKINSON WRIGHT PLLCMailing Address 1825 EYE STREET NW
SUITE 900City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9691**

Amount of Each Disbursement this Period

475.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DICKINSON WRIGHT PLLCMailing Address 1825 EYE STREET NW
SUITE 900City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9692**

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONSMailing Address 138 CONANT ST
STE 401City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9695**

Amount of Each Disbursement this Period

800.00

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

1320.00

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 11 OF 12

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)

GREG PENCE VICTORY

Full Name (Last, First, Middle Initial)

A. STRIPE INC

Mailing Address 3180 18TH ST

City
SAN FRANCISCOState
CAZip Code
94110

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9							2024

FEC Identification Number

C**Transaction ID : SB21B.9697**

Amount of Each Disbursement this Period

1000.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRIPE INC

Mailing Address 3180 18TH ST

City
SAN FRANCISCOState
CAZip Code
94110

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7							2024

FEC Identification Number

C**Transaction ID : SB21B.9698**

Amount of Each Disbursement this Period

42.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRIPE INC

Mailing Address 3180 18TH ST

City
SAN FRANCISCOState
CAZip Code
94110

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4							2024

FEC Identification Number

C**Transaction ID : SB21B.9699**

Amount of Each Disbursement this Period

42.73

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

1085.76

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

2405.76

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

PAGE 12 OF 12

☐ 21b	☒ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)

GREG PENCE VICTORY

Full Name (Last, First, Middle Initial)

A. GREG PENCE FOR CONGRESS

Mailing Address PO BOX 275

City
TAYLORSVILLEState
INZip Code
47280

Purpose of Disbursement

TRANSFER OF NET PROCEEDS

Candidate Name

PENCE, GREGORY J., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	4	

FEC Identification Number

C C00658401**Transaction ID : SB22.9693**

Amount of Each Disbursement this Period

16735.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MUSTANG PAC

Mailing Address PO BOX 275

City
TAYLORSVILLEState
INZip Code
47280

Purpose of Disbursement

TRANSFER OF NET PROCEEDS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	4	

FEC Identification Number

C C00680322**Transaction ID : SB22.9694**

Amount of Each Disbursement this Period

15253.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

31989.17

31989.17