

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 REPORT NEW (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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2025 through / / 2025

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 **KOCH, TIMOTHY, A.,**

Signature of Treasurer **KOCH, TIMOTHY, A.,** Date / / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WITH HONOR PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		<input type="text" value="23501.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23501.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="321700.00"/>	<input type="text" value="321700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="345201.52"/>	<input type="text" value="345201.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="273217.59"/>	<input type="text" value="273217.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71983.93"/>	<input type="text" value="71983.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

WITH HONOR PAC

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

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).....	266250.00	266250.00
(ii) Unitemized	450.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	266700.00	266700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	50000.00	50000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	316700.00	316700.00
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.....	5000.00	5000.00
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)).....▶	321700.00	321700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	321700.00	321700.00

DETAILED SUMMARY PAGE

of Disbursements

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	18417.59	18417.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18417.59	18417.59
22. Transfers to Affiliated/Other Party Committees.....	115000.00	115000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	123500.00	123500.00
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).....	16300.00	16300.00
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)) ..	273217.59	273217.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	273217.59	273217.59

DETAILED SUMMARY PAGE
of Disbursements

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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)	316700.00	316700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	316700.00	316700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18417.59	18417.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18417.59	18417.59

**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 6 OF 65
	<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)
WITH HONOR PAC

A. ABRAM, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 FOSTER STREET
 City DURHAM State NC Zip Code 27701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MODERN ENERGY Occupation (for Individual) ENERGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 21 / 2025**
Transaction ID : SA11AI.8963
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. BROWN, GLENN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 W 57TH ST. 84E
 City NEW YORK State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 8 RIVERS SERVICES Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 28 / 2025**
Transaction ID : SA11AI.9275
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. CLAYTON, KATIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 VANCE ST
 City RALEIGH State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) LCSW
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 05 / 2025**
Transaction ID : SA11AI.9320
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 7 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. CROWLEY, AILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 GADWALL LANE
 City NEW HOPE State PA Zip Code 18938
 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 06 / 30 / 2025
Transaction ID : SA11AI.9344
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. CROWLEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 NEW YORK AVE., NW, FL 13
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BIO Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 16 / 2025
Transaction ID : SA11AI.9268
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. DANIELS, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123285 BARKSTONE CT
 City RICHMOND State VA Zip Code 23238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXIGER Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 06 / 2025
Transaction ID : SA11AI.9325
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 8 OF 65
	<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)
WITH HONOR PAC

A. DANIELS, HOLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13285 BARKSTONE CT
 City RICHMOND State VA Zip Code 23238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MARK ALLEN & CO PUBLIC RELATIO Occupation (for Individual) DIRECTOR OF THOUGHT LEADERSH
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 06 / 2025
Transaction ID : SA11AI.9326
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. DIXON, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 LINDA VISTA AVE
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORGEPOINT CAPITAL Occupation (for Individual) VENTURE CAPITAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 14 / 2025
Transaction ID : SA11AI.8642
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. DREW, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10271 W. LOYOLA DR
 City LOS ALTOS HILLS State CA Zip Code 94024
 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 03 / 25 / 2025
Transaction ID : SA11AI.9150
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

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: (check only one)	PAGE 9 OF 65
	<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)
WITH HONOR PAC

A. DREW, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10271 WEST LOYOLA DRIVE
 City LOS ALTOS HILLS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TCV Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 25 / 2025**
Transaction ID : SA11AI.9149
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. FIELD, MARSHALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 WEST WACKER DRIVE
 City CHICAGO State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE OLD MOUNTAIN COMPANY, INC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 01 / 2025**
Transaction ID : SA11AI.9227
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. FINKE, THOMAS, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 671 LLEWELLYN PLACE
 City CHARLOTTE State NC Zip Code 28207
 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 **06 / 23 / 2025**
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 10 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. FINNEGAN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 MICHIGAN AVE
 City EVANSTON State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 28 / 2025**
Transaction ID : SA11AI.9000
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. FINNEGAN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 MICHIGAN AVE
 City EVANSTON State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **MADISON DEARBORN PARTNERS** Occupation (for Individual) **PRIVATE EQUITY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 28 / 2025**
Transaction ID : SA11AI.8999
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. FOSHEE, DOUGLAS, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3504 GEORGETOWN ST
 City HOUSTON State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **SALLYPORT INVESTMENTS** Occupation (for Individual) **CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 21 / 2025**
Transaction ID : SA11AI.8739
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 11 OF 65
	<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)
WITH HONOR PAC

A. FOSHEE, SARAH, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3504 GEORGETOWN STREET
 City HOUSTON State TX Zip Code 77005
 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 01 / 30 / 2025
Transaction ID : SA11AI.8793
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. GWAK, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324A KOBBE AVE
 City SAN FRANCISCO State CA Zip Code 94129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POINT72 VENTURES Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 16 / 2025
Transaction ID : SA11AI.8676
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. HAGGINS, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 E. 29TH STREET
 City NEW YORK State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CATALYST CREEK Occupation (for Individual) EXECUTIVE MANAGEMENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 05 / 2025
Transaction ID : SA11AI.9010
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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 12 OF 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. Haidar, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 MCMILLAN AVE
 City DALLAS State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FAT ASS LAMBS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 13 / 2025
Transaction ID : SA11AI.9294
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. Haidar, Mahmoud, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 MCMILLAN AVE
 City DALLAS State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLASS A Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 13 / 2025
Transaction ID : SA11AI.9292
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. Hain, Lise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 HEMPSTEAD PLACE
 City CHARLOTTE State NC Zip Code 28207
 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 03 / 28 / 2025
Transaction ID : SA11AI.9183
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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 13 OF 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. HANOVER, ADAM, , ,		Date of Receipt
Mailing Address 5517 SHADY GROVE TERRACE		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2025"/>
City MEMPHIS	State TN	Zip Code 38120
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.8939
Name of Employer (for Individual) UNION MAIN GROUP LLC		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) CEO		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HESSE, MATTHEW, , ,		Date of Receipt
Mailing Address 700 SE 5TH ST. SUITE 150		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2025"/>
City BENTONVILLE	State AR	Zip Code 72712
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.9300
Name of Employer (for Individual) UHP		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) CEO		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JABLOKOV, IGOR, , ,		Date of Receipt
Mailing Address 3316 WHITE OAK RD		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2025"/>
City PALEIGH	State NC	Zip Code 27609
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.9174
Name of Employer (for Individual) PYRON		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Occupation (for Individual) CHAIRMAN		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 14 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. JONES, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3706 NORTH WOODROW ST
 City ARLINGTON State VA Zip Code 22207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) MCU Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 28 / 2025
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. JONES, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3706 NORTH WOODROW ST.
 City ARLINGTON State VA Zip Code 22207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) VETERANS CONSORTIUM Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 20 / 2025
Transaction ID : SA11AI.9307
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. KEMP, GILES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 EAST ROBINSON STREET UNIT 1802
 City ORLANDO State FL Zip Code 32801
 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 ▼ 1000.00

Date of Receipt 01 / 10 / 2025
Transaction ID : SA11AI.8823
 Amount of Each Receipt this Period 1000.00
 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 15 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. KENAN, THOMAS, S., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 EUROPA DR
SUITE 525

City CHAPEL HILL State NC Zip Code 27517

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) INVESTMENTS

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
 05 / 27 / 2025

Transaction ID : SA11AI.9313

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. KUTA, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27540 HIGHWAY 74

City EVERGREEN State CO Zip Code 80439

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

Name of Employer (for Individual) VOYAGER TECHNOLOGIES Occupation (for Individual) AEROSPACE

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
 01 / 16 / 2025

Transaction ID : SA11AI.8684

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. LAABS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 DUXBURY CT

City DURHAM State NC Zip Code 27707

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

Name of Employer (for Individual) KIND BEHAVIORAL HEALTH Occupation (for Individual) CEO

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
 02 / 28 / 2025

Transaction ID : SA11AI.8990

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 16 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. LONDON, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 785 WINDING PINE LANE
 City HIGHLANDS RANCH State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RENDEZVOUS ROBOTICS. INC. Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 11 / 2025
Transaction ID : SA11AI.8604
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. LEE, ROB, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 LOWELL ST.
 City LEXINGTON State MA Zip Code 02420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANS INSTITUTE Occupation (for Individual) CHIEF OF RESEARCH, AI AND EMEI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 27 / 2025
Transaction ID : SA11AI.8982
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. LEE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7770 NORFOLK AVE APT 1407
 City BETHESDA State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DRAGOS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 09 / 2025
Transaction ID : SA11AI.8874
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 17 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. MARTINEZ, WALFRIDO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 NOD RD
 City RIDGEFIELD State CT Zip Code 06877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUNTON ANDREWS KURTH LLP Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 30 / 2025
Transaction ID : SA11AI.9315
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. MCLARTY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 W. CAPITOL AVE SUITE 3600
 City LITTLE ROCK State AR Zip Code 72201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCLARTY ASSOCIATES Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 17 / 2025
Transaction ID : SA11AI.8705
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. MEIJER, HENDRIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 150859
 City GRAND RAPIDS State MI Zip Code 49515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEIJER, INC. Occupation (for Individual) EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 06 / 2025
Transaction ID : SA11AI.9324
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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 18 OF 65
(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. MORTON, PATRICIA, , ,

Mailing Address 700 HEMPSTEAD PLACE

City CHARLOTTE State NC Zip Code 28207

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 M / D D D / Y Y Y Y Y Y
 05 / 20 / 2025

Transaction ID : SA11AI.9305

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MORTON, THRUSTON, , ,

Mailing Address 700 HEMPSTEAD PLACE

City CHARLOTTE State NC Zip Code 28207

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 M / D D D / Y Y Y Y Y Y
 05 / 20 / 2025

Transaction ID : SA11AI.9306

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PECHET, TAVAN, , ,

Mailing Address 218 MAIN STREET

City KIRKLAND State WA Zip Code 98033

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

Name of Employer (for Individual) PECHET ADVISORS LLC Occupation (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
 01 / 13 / 2025

Transaction ID : SA11AI.8605

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 19 OF 65
	<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)
WITH HONOR PAC

A. PLATT, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 GLEN ABBEY DR
 City DALLAS State TX Zip Code 75248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 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
 01 / 27 / 2025
Transaction ID : SA11AI.8915
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

B. PLATT, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 GLEN ABBEY DR
 City DALLAS State TX Zip Code 75248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILLWOOD INVESTMENTS Occupation (for Individual) CEO
 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
 01 / 27 / 2025
Transaction ID : SA11AI.8907
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

C. RAZEK, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10920 GORSUCH RdD
 City GALENA State OH Zip Code 43021
 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 M / D D D / Y Y Y Y Y Y
 01 / 14 / 2025
Transaction ID : SA11AI.8626
 Amount of Each Receipt this Period
 5000.00
 Memo Item
CONTRIBUTION

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 20 OF 65
 (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)
WITH HONOR PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SAUNDERS-ALBIN, PAM, , ,

Mailing Address 10 RISING MOON

City SANTA FE	State NM	Zip Code 87506
------------------	-------------	-------------------

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

Name of Employer (for Individual) SAUNDERS REAL ESTATE CORP	Occupation (for Individual) PRINCIPAL
--	--

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
 03 / 21 / 2025

Transaction ID : SA11AI.9141

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCARAMUCCI, ANTHONY, , ,

Mailing Address 527 MADISON AVE
4TH FL

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer (for Individual) SKYBRIDGE CAPITAL	Occupation (for Individual) FOUNDER
--	--

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
 01 / 09 / 2025

Transaction ID : SA11AI.8587

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHEPARD, JARED, , ,

Mailing Address 603 BROCKMAN CT

City GREAT FALLS	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer (for Individual) HYPORI	Occupation (for Individual) CEO
---	------------------------------------

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
 05 / 14 / 2025

Transaction ID : SA11AI.9298

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 21 OF 65
<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)
WITH HONOR PAC

A. SOLOMON, LAWRENCE, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 855 EL CAMINO REAL
 City PAL ALTO State CA Zip Code 94301
 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 05 / 08 / 2025
Transaction ID : SA11AI.9282
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. SUSSER, SAM, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5521 DELOACHE AVE
 City DALLAS State TX Zip Code 75220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUSSER BANK HOLDINGS Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 21 / 2025
Transaction ID : SA11AI.8723
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. TAYLOR, DYLAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 SOUTH LILHAVEN LANE
 City LITTLETON State CO Zip Code 80123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VOYAGER SPACE Occupation (for Individual) CHAIRMAN & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 10 / 2025
Transaction ID : SA11AI.8824
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

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: (check only one)	PAGE 22 OF 65
<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)
WITH HONOR PAC

A. TESSLER, ALLAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 CREEKSIDE CT
 City FREEDOM State WY Zip Code 83120
 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 05 / 21 / 2025
Transaction ID : SA11AI.9308
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

B. TESSLER, FRANCES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 CREEKSIDE CT
 City FREEDOM State WY Zip Code 83120
 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 05 / 21 / 2025
Transaction ID : SA11AI.9309
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. THIEL, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SELF EMPLOYED Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 14 / 2025
Transaction ID : SA11AI.8634
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

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: (check only one)	PAGE 23 OF 65		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. TILLMAN, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 TERRACE BLVD
 City ORLANDO State FL Zip Code 32803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WINDOW WORLD Occupation (for Individual) GM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 16 / 2025
Transaction ID : SA11AI.8674
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. WALKER, KENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 BRYANT STREET
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOOGLE LLC Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 10 / 2025
Transaction ID : SA11AI.8603
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. WALTON, LUKAS, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1860
 City BENTONVILLE State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PHILANTHROPIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 07 / 2025
Transaction ID : SA11AI.9040
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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 24 OF 65

(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)
WITH HONOR PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WATANABE, TODD, , ,

Mailing Address **656 COALITION VIEW COURT
POB 2066**

City **PARK CITY** State **UT** Zip Code **84060**

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

Name of Employer (for Individual) **ARCUTIS BIOTHERAPEUTICS** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 12 / 2025

Transaction ID : SA11AI.9077

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	266250.00

**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 25 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
WITH HONOR PAC

A. AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 251 H ST NW

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00797670

Name of Employer (for Individual) Occupation (for Individual)

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
06	/	16	/	2025

Transaction ID : SA11C.9328

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. EMPLOYEES OF PALANTIR TECHNOLOGIES INC. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1025 THOMAS JEFFERSON STREET NW
SUITE 600

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00498691

Name of Employer (for Individual) Occupation (for Individual)

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
03	/	06	/	2025

Transaction ID : SA11C.9019

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. GAP INC. POLITICAL ACTION COMMITTEE; THE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2 FOLSOM STREET
13TH FLOOR

City SAN FRANCISCO	State CA	Zip Code 94105
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00257246

Name of Employer (for Individual) Occupation (for Individual)

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
03	/	03	/	2025

Transaction ID : SA11C.9002

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 26 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
WITH HONOR PAC

A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

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

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer (for Individual) Occupation (for Individual)

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
06		23		2025

Transaction ID : SA11C.9333

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. INTEL CORPORATION POLITICAL ACTION COMMITTEE (IPAC)

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

Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer (for Individual) Occupation (for Individual)

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
01		31		2025

Transaction ID : SA11C.8833

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. NUCOR CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 1915 REXFORD ROAD

City CHARLOTTE	State NC	Zip Code 28211
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer (for Individual) Occupation (for Individual)

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
01		30		2025

Transaction ID : SA11C.8825

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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: (check only one)	PAGE 27 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
WITH HONOR PAC

A. PERATON CORP. POLITICAL ACTION COMMITTEE (A.K.A. 'PERATON PAC')
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 EXPLORER STREET
 City RESTON State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C** C00383992
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 12 / 2025**
Transaction ID : SA11C.8883
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

B. UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 FREDERICKSBURG ROAD
 City SAN ANTONIO State TX Zip Code 78288
 FEC ID number of contributing federal political committee. **C** C00164145
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 01 / 2025**
Transaction ID : SA11C.9219
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

C. VICTORY AND NATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 PRESTON ROAD #267 PMB 229
 City PLANO State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C** C00692087
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 17 / 2025**
Transaction ID : SA11C.8701
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

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: (check only one)	PAGE 28 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
WITH HONOR PAC

A. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

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

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE	State AR	Zip Code 72716
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		26		2025

Transaction ID : SA11C.9166

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	50000.00

**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 29 OF 65
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 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. PETERS FOR MICHIGAN		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2025
Mailing Address PO BOX 32072		Transaction ID : SA16.9317
City DETROIT	State MI	Zip Code 48244
FEC ID number of contributing federal political committee. C C00437889		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	REFUND OF CONTRIBUTION MADE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

<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		Date of Disbursement MM / DD / YYYY 01 / 13 / 2025	
Mailing Address 1340 POYDRAS ST, SUITE 1770		FEC Identification Number C [] Transaction ID : SB21B.8713	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period [] 192.80
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 01 / 15 / 2025	
Mailing Address 1340 POYDRAS ST, SUITE 1770		FEC Identification Number C [] Transaction ID : SB21B.8714	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period [] 192.80
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 01 / 15 / 2025	
Mailing Address 1340 POYDRAS ST, SUITE 1770		FEC Identification Number C [] Transaction ID : SB21B.8715	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Disbursement this Period [] 617.20
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1002.80
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 17 / 2025

FEC Identification Number: C
Transaction ID : SB21B.8809

Amount of Each Disbursement this Period: 385.60

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 22 / 2025

FEC Identification Number: C
Transaction ID : SB21B.8810

Amount of Each Disbursement this Period: 385.60

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 12 / 2025

FEC Identification Number: C
Transaction ID : SB21B.8899

Amount of Each Disbursement this Period: 192.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 964.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 24 / 2025

FEC Identification Number
C

Transaction ID : **SB21B.9030**

Amount of Each Disbursement this Period
192.80

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 25 / 2025

FEC Identification Number
C

Transaction ID : **SB21B.9031**

Amount of Each Disbursement this Period
192.80

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 04 / 2025

FEC Identification Number
C

Transaction ID : **SB21B.9027**

Amount of Each Disbursement this Period
387.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 773.43

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9069

Amount of Each Disbursement this Period: 192.80

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9068

Amount of Each Disbursement this Period: 8.00

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9085

Amount of Each Disbursement this Period: 4.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 204.95

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 25 / 2025

FEC Identification Number C

Transaction ID : SB21B.9236

Amount of Each Disbursement this Period 9.93

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2025

FEC Identification Number C

Transaction ID : SB21B.9237

Amount of Each Disbursement this Period 578.40

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 01 / 2025

FEC Identification Number C

Transaction ID : SB21B.9238

Amount of Each Disbursement this Period 192.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 781.13

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

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

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9257

Amount of Each Disbursement this Period: 192.80

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 21 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9273

Amount of Each Disbursement this Period: 192.80

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9283

Amount of Each Disbursement this Period: 385.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 771.20

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 15 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9304

Amount of Each Disbursement this Period: 385.60

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 19 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9311

Amount of Each Disbursement this Period: 385.60

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 23 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9314

Amount of Each Disbursement this Period: 964.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1735.20

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

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

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

FOR LINE NUMBER:
(check only one)

<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

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9321

Amount of Each Disbursement this Period: 192.80

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9327

Amount of Each Disbursement this Period: 578.40

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST, SUITE 1770

City NEW ORLEANS State LA Zip Code 70112

Purpose of Disbursement CREDIT CARD PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2025

FEC Identification Number: C

Transaction ID : SB21B.9340

Amount of Each Disbursement this Period: 192.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 964.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 06 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9028

Amount of Each Disbursement this Period: 30.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 19 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9105

Amount of Each Disbursement this Period: 30.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 21 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9262

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 90.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9263

Amount of Each Disbursement this Period: 30.00

Memo Item

B. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9260

Amount of Each Disbursement this Period: 30.00

Memo Item

C. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2025

FEC Identification Number: C
Transaction ID : SB21B.9261

Amount of Each Disbursement this Period: 30.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 90.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2025

FEC Identification Number

C []

Transaction ID : SB21B.9259

Amount of Each Disbursement this Period

[] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2025

FEC Identification Number

C []

Transaction ID : SB21B.9269

Amount of Each Disbursement this Period

[] 30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2025

FEC Identification Number

C []

Transaction ID : SB21B.9343

Amount of Each Disbursement this Period

[] 30.00

Memo Item

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

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

[] 90.00

[]

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

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

FOR LINE NUMBER:
(check only one)

<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. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2025
Mailing Address 600 N WASHINGTON ST		FEC Identification Number C [] Transaction ID : SB21B.9302
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 30.00
Candidate Name		Memo Item <input type="checkbox"/>
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: []	

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 05 / 14 / 2025
Mailing Address 600 N WASHINGTON ST		FEC Identification Number C [] Transaction ID : SB21B.9303
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 30.00
Candidate Name		Memo Item <input type="checkbox"/>
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: []	

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Disbursement MM / DD / YYYY 06 / 26 / 2025
Mailing Address 600 N WASHINGTON ST		FEC Identification Number C [] Transaction ID : SB21B.9338
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 30.00
Candidate Name		Memo Item <input type="checkbox"/>
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: []	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 90.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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

A. BANK OF AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 600 N WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 26 / 2025

FEC Identification Number
C
Transaction ID : SB21B.9339

Amount of Each Disbursement this Period
30.00

Memo Item

B. DUPONT CREATIVE, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 572

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 20 / 2025

FEC Identification Number
C
Transaction ID : SB21B.9113

Amount of Each Disbursement this Period
212.00

Memo Item

C. DUPONT CREATIVE, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 572

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 07 / 2025

FEC Identification Number
C
Transaction ID : SB21B.9246

Amount of Each Disbursement this Period
212.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 454.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. DUPONT CREATIVE, INC.		Date of Disbursement MM / DD / YYYY 05 / 13 / 2025	
Mailing Address PO BOX 572		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9291	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 200.00
Purpose of Disbursement WEBSITE SERVICES		Category/ Type [REDACTED]	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) B. DUPONT CREATIVE, INC.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2025	
Mailing Address PO BOX 572		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9342	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [REDACTED] 200.00
Purpose of Disbursement WEBSITE SERVICES		Category/ Type [REDACTED]	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) C. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 01 / 27 / 2025	
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8764	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period [REDACTED] 695.50
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Category/ Type [REDACTED]	<input type="checkbox"/> Memo Item
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1095.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 02 / 18 / 2025
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B.8923
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Amount of Each Disbursement this Period [REDACTED] 2155.99
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2025
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9200
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Amount of Each Disbursement this Period [REDACTED] 1255.00
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 04 / 24 / 2025
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9272
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Amount of Each Disbursement this Period [REDACTED] 1997.20
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5408.19
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2025
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [] Transaction ID : SB21B.9341
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Amount of Each Disbursement this Period [] 1139.50
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. KOCH & HOOS, LLC		Date of Disbursement MM / DD / YYYY 06 / 19 / 2025
Mailing Address 901 N WASHINGTON ST SUITE 700		FEC Identification Number C [] Transaction ID : SB21B.9330
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICES		Amount of Each Disbursement this Period [] 2053.29
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

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

SUBTOTAL of Disbursements This Page (optional).....▶	3192.79
TOTAL This Period (last page this line number only).....▶	17707.19

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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. CROSSPARTISAN PAC I

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2025

FEC Identification Number

C C00786186

Transaction ID : SB22.8773

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CROSSPARTISAN PAC I

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2025

FEC Identification Number

C C00786186

Transaction ID : SB22.8931

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSSPARTISAN PAC I

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2025

FEC Identification Number

C C00786186

Transaction ID : SB22.9086

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

30000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 01 / 15 / 2025	
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.8666	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement TRANSFER TO AFF. COMMITTEE		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 01 / 22 / 2025	
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.8731	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement TRANSFER TO AFF. COMMITTEE		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 01 / 27 / 2025	
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.8774	
City ALEXANDRIA	State VA	Zip Code 22313	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement TRANSFER TO AFF. COMMITTEE		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	35000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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

A. CROSSPARTISAN PAC II

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 31 / 2025

FEC Identification Number: C00786202
Transaction ID : SB22.8842

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. CROSSPARTISAN PAC II

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 06 / 2025

FEC Identification Number: C00786202
Transaction ID : SB22.9029

Amount of Each Disbursement this Period: 10000.00

Memo Item

C. CROSSPARTISAN PAC II

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 21 / 2025

FEC Identification Number: C00786202
Transaction ID : SB22.9122

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 04 / 01 / 2025
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.9258 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement TRANSFER TO AFF. COMMITTEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 05 / 14 / 2025
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.9296 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement TRANSFER TO AFF. COMMITTEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. CROSSPARTISAN PAC II		Date of Disbursement MM / DD / YYYY 05 / 14 / 2025
Mailing Address PO BOX 1843		FEC Identification Number C00786202 Transaction ID : SB22.9297 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement TRANSFER TO AFF. COMMITTEE	Memo Item <input type="checkbox"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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

A. CROSSPARTISAN PAC II

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1843

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
TRANSFER TO AFF. COMMITTEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 26 / 2025

FEC Identification Number: C C00786202
Transaction ID : SB22.9337
Amount of Each Disbursement this Period: 10000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	115000.00

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

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

FOR LINE NUMBER:
(check only one)

<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

A. ADAM HOLLIER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2624

City DETROIT State MI Zip Code 48202

Purpose of Disbursement CONTRIBUTION

Candidate Name HOLLIER, ADAM, , ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement: 05 / 09 / 2025

FEC Identification Number: C00801761
Transaction ID : SB23.9287

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. AMODEI FOR NEVADA

Full Name (Last, First, Middle Initial)

Mailing Address 503 N DIVISION ST

City CARSON CITY State NV Zip Code 89703

Purpose of Disbursement CONTRIBUTION

Candidate Name AMODEI, MARK EUGENE, , ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: NV District: 02

Date of Disbursement: 04 / 10 / 2025

FEC Identification Number: C00496760
Transaction ID : SB23.9254

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. CHRISSE HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement CONTRIBUTION

Candidate Name HOULAHAN, CHRISSE, , ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement: 02 / 05 / 2025

FEC Identification Number: C00637371
Transaction ID : SB23.8858

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. COMMITTEE TO ELECT JARED GOLDEN

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7108

City LEWISTON State ME Zip Code 04240

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GOLDEN, JARED, , ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: ME District: 02

Date of Disbursement: 01 / 30 / 2025

FEC Identification Number: C00653816
Transaction ID : SB23.8782

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. COMMITTEE TO ELECT JARED GOLDEN

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7108

City LEWISTON State ME Zip Code 04240

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GOLDEN, JARED, , ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: ME District: 02

Date of Disbursement: 06 / 20 / 2025

FEC Identification Number: C00653816
Transaction ID : SB23.9331

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. DAN CRENSHAW FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 12645 MEMORIAL DRIVE STE. F-1

City HOUSTON State TX Zip Code 77079

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CRENSHAW, DANIEL, , LCDR,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: TX District: 02

Date of Disbursement: 03 / 19 / 2025

FEC Identification Number: C00660795
Transaction ID : SB23.9097

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. DAN CRENSHAW FOR CONGRESS

Mailing Address 12645 MEMORIAL DRIVE STE. F-1

City HOUSTON State TX Zip Code 77079

Purpose of Disbursement CONTRIBUTION

Candidate Name CRENSHAW, DANIEL, , LCDR,

Office Sought: [X] House [] Senate [] President
State: TX District: 02

Disbursement For: 2026
[X] Primary [] General
[] Other (specify) ▼

Date of Disbursement

Date field: MM/DD/YYYY = 03/21/2025

FEC Identification Number

C00660795

Transaction ID : SB23.9133

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. DON BACON FOR CONGRESS

Mailing Address P.O. BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement CONTRIBUTION

Candidate Name BACON, DONALD, J., ,

Office Sought: [X] House [] Senate [] President
State: NE District: 02

Disbursement For: 2026
[X] Primary [] General
[] Other (specify) ▼

Date of Disbursement

Date field: MM/DD/YYYY = 03/19/2025

FEC Identification Number

C00575167

Transaction ID : SB23.9094

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. DON DAVIS FOR NC

Mailing Address PO BOX 511

City SNOW HILL State NC Zip Code 28580

Purpose of Disbursement CONTRIBUTION

Candidate Name DAVIS, DON, , ,

Office Sought: [X] House [] Senate [] President
State: NC District: 01

Disbursement For: 2026
[X] Primary [] General
[] Other (specify) ▼

Date of Disbursement

Date field: MM/DD/YYYY = 01/31/2025

FEC Identification Number

C00795211

Transaction ID : SB23.8801

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item

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

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

Amount field: 12500.00

Amount field: (blank)

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

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

FOR LINE NUMBER:
(check only one)

<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

A. ELECTGABEEVANS.COM

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 350608

City WESTMINSTER State CO Zip Code 80035

Purpose of Disbursement
CONTRIBUTION

Candidate Name
EVANS, TIMOTHY, GABRIEL JOSEPH, ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: CO District: 08

Date of Disbursement: 02 / 21 / 2025

FEC Identification Number: C00849844
Transaction ID : SB23.8951
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. FRIENDS OF MCCORMICK

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3043

City CUMMING State GA Zip Code 30040

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCCORMICK, RICHARD DEAN DR., ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: GA District: 07

Date of Disbursement: 02 / 21 / 2025

FEC Identification Number: C00706747
Transaction ID : SB23.8953
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. FRIENDS OF MCCORMICK

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3043

City CUMMING State GA Zip Code 30040

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCCORMICK, RICHARD DEAN DR., ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: GA District: 07

Date of Disbursement: 06 / 23 / 2025

FEC Identification Number: C00706747
Transaction ID : SB23.9335
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. HELMER EXPLORATORY COMMITTEE

Mailing Address PO BOX 10

City
CLIFTON

State
VA

Zip Code
20124

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2025
 Primary General
 Other (specify) **Special-Primary**

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2025

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.9322

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HERB CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 493

City
WILLINGBORO

State
NJ

Zip Code
08046

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CONAWAY, HERB MD, , ,

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2025

FEC Identification Number

C C00859496

Transaction ID : SB23.8783

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IOWANS FOR ZACH NUNN

Mailing Address PO BOX 8036

City
DES MOINES

State
IA

Zip Code
50301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NUNN, ZACH, , ,

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2025

FEC Identification Number

C C00784389

Transaction ID : SB23.9316

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

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

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

[REDACTED] 8500.00

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. IOWANS FOR ZACH NUNN

Mailing Address PO BOX 8036

City
DES MOINES

State
IA

Zip Code
50301

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NUNN, ZACH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

FEC Identification Number

C00784389

Transaction ID : SB23.9336

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JAKE ELLZEY FOR CONGRESS

Mailing Address 791 HWY 77N
STE-C #258

City
WAXAHACHIE

State
TX

Zip Code
75164

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ELLZEY, JOHN KEVIN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	5

FEC Identification Number

C00770438

Transaction ID : SB23.8971

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JAKE ELLZEY FOR CONGRESS

Mailing Address 791 HWY 77N
STE-C #258

City
WAXAHACHIE

State
TX

Zip Code
75164

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ELLZEY, JOHN KEVIN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

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

FEC Identification Number

C00770438

Transaction ID : SB23.9281

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. JASON CROW FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 31 / 2025
Mailing Address 8547 E ARAPAHOE ROAD STE J-543		FEC Identification Number C00637363 Transaction ID : SB23.9208
City GREENWOOD VILLAGE	State CO	Zip Code 80112
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name CROW, JASON, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JIMMY PANETTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 01 / 27 / 2025
Mailing Address PO BOX 103		FEC Identification Number C00592154 Transaction ID : SB23.8756
City CARMEL VALLEY	State CA	Zip Code 93924
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name PANETTA, JIMMY, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 19	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. JIMMY PANETTA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 19 / 2025
Mailing Address PO BOX 103		FEC Identification Number C00592154 Transaction ID : SB23.9095
City CARMEL VALLEY	State CA	Zip Code 93924
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2500.00
Candidate Name PANETTA, JIMMY, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 19	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. MAGGIE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 19 / 2025
Mailing Address 131 DANIEL WEBSTER HWY #949		FEC Identification Number C00878454 Transaction ID : SB23.9096
City NASHUA	State NH	Zip Code 03060
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name GOODLANDER, MAGGIE, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

Full Name (Last, First, Middle Initial) B. MAURA SULLIVAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 04 / 11 / 2025
Mailing Address PO BOX 4128		FEC Identification Number C00658724 Transaction ID : SB23.9264
City MANCHESTER	State NH	Zip Code 03108
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name SULLIVAN, MAURA CORBY, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 01	

Full Name (Last, First, Middle Initial) C. MIKE THOMPSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 01 / 23 / 2025
Mailing Address 5445 MADISON AVENUE		FEC Identification Number C00326363 Transaction ID : SB23.8747
City SACRAMENTO	State CA	Zip Code 95841
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2500.00
Candidate Name THOMPSON, MIKE, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 04	

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. MOULTON FOR CONGRESS

Mailing Address PO BOX 2013

City
SALEM

State
MA

Zip Code
01970

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MOULTON, SETH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	2	5		

FEC Identification Number

C C00547240

Transaction ID : SB23.8785

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Mailing Address PO BOX 909

City
COLUMBUS

State
GA

Zip Code
31902

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BISHOP, SANFORD, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: GA District: 02

Date of Disbursement

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

FEC Identification Number

C C00266940

Transaction ID : SB23.8658

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SANFORD BISHOP FOR CONGRESS

Mailing Address PO BOX 909

City
COLUMBUS

State
GA

Zip Code
31902

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BISHOP, SANFORD, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	0		2	0	2	5		

FEC Identification Number

C C00266940

Transaction ID : SB23.9332

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)..... ▶

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<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. SECURE PROGRESS

Mailing Address PO BOX 10

City CLIFTON State VA Zip Code 20124

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2025
 Primary General
 Other (specify) ANNUAL

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2025

FEC Identification Number

C C00890939

Transaction ID : SB23.9191

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SHERI BIGGS FOR CONGRESS

Mailing Address PO BOX 2685

City ANDERSON State SC Zip Code 29622

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BIGGS, SHERI, , ,

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify)

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2025

FEC Identification Number

C C00866426

Transaction ID : SB23.9130

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. THE PAT HARRIGAN COMMITTEE

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name

HARRIGAN, PAT, , ,

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify)

State: NC District: 10

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2025

FEC Identification Number

C C00802298

Transaction ID : SB23.9278

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)..... ▶

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<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. TOM BARRETT FOR CONGRESS

Mailing Address PO BOX 15221

City
LANSING

State
MI

Zip Code
48901

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARRETT, THOMAS MORE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	9		2	0	2	5		

FEC Identification Number

C C00793976

Transaction ID : SB23.9284

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. VINDMAN FOR CONGRESS

Mailing Address 4222 FORTUNA CENTER PLZ, STE 664

City
DUMFRIES

State
VA

Zip Code
22025

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VINDMAN, YEUGENY 'EUGENE', , ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	4		2	0	2	5		

FEC Identification Number

C C00856955

Transaction ID : SB23.9288

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WOMACK FOR CONGRESS COMMITTEE

Mailing Address PO BOX 508

City
ROGERS

State
AR

Zip Code
72757

Purpose of Disbursement
CONTRIBUTION

Candidate Name

WOMACK, STEPHEN, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

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

FEC Identification Number

C C00477745

Transaction ID : SB23.8947

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A. WOMACK FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 04 / 30 / 2025

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement CONTRIBUTION

Candidate Name WOMACK, STEPHEN, A., ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: AR District: 03

FEC Identification Number: C00477745
Transaction ID : SB23.9277
Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	123500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. FRIENDS OF ARUNA MILLER

Full Name (Last, First, Middle Initial)

Mailing Address 14074 BERRYVILLE RD

City DARNESTOWN State MD Zip Code 20874

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2025

FEC Identification Number: C
Transaction ID : SB29.9318
Amount of Each Disbursement this Period: 6000.00

Memo Item

B. GINA ORTIZ JONES FOR SAN ANTONIO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12246

City SAN ANTONIO State TX Zip Code 78212

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2025

FEC Identification Number: C
Transaction ID : SB29.9347
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. JOSH FRYDAY FOR LT. GOVERNOR

Full Name (Last, First, Middle Initial)

Mailing Address 5132 YORK BLVD.
#626

City LOS ANGELES State CA Zip Code 90042

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 22 / 2025

FEC Identification Number: C
Transaction ID : SB29.9270
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. MARYLAND DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial)

Mailing Address 275 WEST ST
SUITE 70

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 06 / 2025

FEC Identification Number: C
Transaction ID : SB29.9279

Amount of Each Disbursement this Period: 5000.00

Memo Item

B. MIKIE SHERRILL FOR GOVERNOR

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 43032

City MONTCLAIR State NJ Zip Code 07043

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 26 / 2025

FEC Identification Number: C
Transaction ID : SB29.9158

Amount of Each Disbursement this Period: 3300.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8300.00
TOTAL This Period (last page this line number only).....▶	16300.00