

# 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.   
SAVE AMERICA

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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     through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CRATE, BRADLEY, T.,,  
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., [Electronically Filed] Date

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

Office Use Only											
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**SAVE AMERICA**

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="2022"/>		105445452.02
(b) Cash on Hand at Beginning of Reporting Period.....	69722883.45	
(c) Total Receipts (from Line 19) .....	16412.23	21874876.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69739295.68	127320328.05
7. Total Disbursements (from Line 31).....	48927521.95	106508554.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20811773.73	20811773.73
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	13519.54	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**SAVE AMERICA**

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).....	4306.55	66901.25
(ii) Unitemized .....	9502.95	85882.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13809.50	152783.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	150.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13809.50	152933.53
12. Transfers From Affiliated/Other Party Committees.....	2227.85	21705431.05
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).....	374.88	1761.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	14750.00
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)).....▶	16412.23	21874876.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16412.23	21874876.03

**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 .....	8617504.15	36706749.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8617504.15	36706749.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40010000.00	65050000.00
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 .....	17.80	770.77
(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)).....	17.80	770.77
29. Other Disbursements (Including Non-Federal Donations).....	300000.00	4751000.00
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)) ..	48927521.95	106508519.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48927521.95	106508519.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13809.50	152933.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	770.77
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13809.50	152162.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8617504.15	36706749.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	374.88	374.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8617129.27	36706374.13

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCF HZ`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XN  
Transaction ID :

The Committee submits this statement to provide clarification on certain entries reflected on the Committee's Post-General ('the Report'). With respect to any contributions by LLCs, contributors with mailing addresses outside of the United States, or non-federal committees reflected on the Report, the Committee has safeguards in place consistent with FEC regulations and guidance to ensure that all contributions are made by permissible contributors, using permissible funds. Furthermore, the Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required on the Report for these expenditures under FEC regulations. Any difference in the amount of reimbursement live entries and their supporting memo entries is the result of reimbursements to vendors that did not exceed the \$200 itemization threshold for the election cycle.

Form/Schedule: F3XN  
Transaction ID:

The Committee follows the three-fold process required to meet the Commission's best efforts standards. Every solicitation includes a clear and conspicuous request for contributor information and informs the contributor of the requirements of federal law for the reporting of such information. If the information is not initially received, within 30 days of receipt, the contributor receives a request to provide this information. Any follow up request clearly asks for the missing information and does not contain a solicitation for a new contribution. These requests are generally made by phone or email or by letter. This request restates the requirements of federal law for the requesting and reporting of such information. If the request is sent by mail, it includes a pre-addressed return envelope. If the information is received by the Committee, it is updated and the affected report will be amended to reflect the new information or the Committee will submit the new information via miscellaneous filing.

**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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**SAVE AMERICA**

**A. LIEB, DWIGHT, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 PENNY LN

City SAN ANTONIO	State TX	Zip Code 98209
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81952652**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2022

**Transaction ID : SA11AI.81895378**

Amount of Each Receipt this Period  
179.00

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81924374**

Amount of Each Receipt this Period  
387.18

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2022

**Transaction ID : SA11AI.81951926**

Amount of Each Receipt this Period  
962.14

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**B. FIJALKOWSKI, KENNETH, , ,**

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

Mailing Address 4977 WARMINSTER DRIVE

City COLUMBUS	State OH	Zip Code 43232
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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 ▼  
209.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		24		2022

**Transaction ID : SA11AI.81952098**

Amount of Each Receipt this Period  
19.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]**

**C. DELL, KARIN, , ,**

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

Mailing Address PO BOX 204

City GLEN ELLEN	State CA	Zip Code 95442
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		22		2022

**Transaction ID : SA11AI.81952118**

Amount of Each Receipt this Period  
19.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. FIORAVANTI, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 W 90TH ST N  
 City WAGONER State OK Zip Code 74467  
 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 ▼ 209.00

Date of Receipt 10 / 22 / 2022  
**Transaction ID : SA11AI.81952067**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]

**B. TRUONG, TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 824 EAST MICHELLE STREET  
 City WEST COVINA State CA Zip Code 91790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRI T TECHNOLOGY INC Occupation (for Individual) ELECTRICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.50

Date of Receipt 10 / 23 / 2022  
**Transaction ID : SA11AI.81952110**  
 Amount of Each Receipt this Period 47.50  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]

**C. NICHOLS, LANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2052 VAN HORN CT  
 City FAIRBANKS State AK Zip Code 99701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GENES INC Occupation (for Individual) AUTOMOTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 22 / 2022  
**Transaction ID : SA11AI.81952076**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.50
<b>TOTAL</b> 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 187
	<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)  
**SAVE AMERICA**

**A. CRISCUOLO, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 POCONO ROAD

City NEWTOWN	State CT	Zip Code 06470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NATIONAL GUARD	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
10 / 23 / 2022  
**Transaction ID : SA11AI.81952074**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81951926]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  
10 / 28 / 2022  
**Transaction ID : SA11AI.81976526**

Amount of Each Receipt this Period  
313.43

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. MCILWAIN, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 25 / 2022  
**Transaction ID : SA11AI.81979595**

Amount of Each Receipt this Period  
5.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81976526]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. SFORZA HUFFMAN, CAROLINA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1656 MIDDLE RD

City STROUDSBURG	State PA	Zip Code 18360
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HNL LABORATORY	Occupation (for Individual) PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2022

**Transaction ID : SA11AI.81979593**

Amount of Each Receipt this Period  
42.75

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81976526]

**B. DOTY, SHARON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4810 RISING ST SE

City SALEM	State OR	Zip Code 97302
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
522.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2022

**Transaction ID : SA11AI.81979604**

Amount of Each Receipt this Period  
47.50

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81976526]

**C. SANDERSON, JOE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8119 NE CATAWBA ROAD

City BRECKENRIDGE	State MO	Zip Code 64625
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2022

**Transaction ID : SA11AI.81979591**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81976526]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.25
<b>TOTAL</b> 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 12 OF 187
	<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)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		31		2022

**Transaction ID : SA11AI.81991096**

Amount of Each Receipt this Period  
244.09

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**B. MCILWAIN, BEVERLY, , ,**

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

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81991890**

Amount of Each Receipt this Period  
5.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.81991096]**

**C. KEMAL, ANDREW, , ,**

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

Mailing Address 10438 ELIZABETH CT

City SAN ANTONIO	State TX	Zip Code 78240
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) BUSINESS ADVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
261.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81991881**

Amount of Each Receipt this Period  
23.75

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.81991096]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28.75
<b>TOTAL</b> 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 13 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**SAVE AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MICHAELS, GREGORY, , ,**

Mailing Address 12 WILLIAM PENN CIRCLE

City MEDFORD	State NJ	Zip Code 08055
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TJUH US NAVY	Occupation (for Individual) NURSE
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81991882**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81991096]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PAPER, JAMES, , ,**

Mailing Address 6509 BROOK AVE

City BALTIMORE	State MD	Zip Code 21206
-------------------	-------------	-------------------

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 ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2022

**Transaction ID : SA11AI.81991891**

Amount of Each Receipt this Period  
75.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.81991096]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2022

**Transaction ID : SA11AI.82019259**

Amount of Each Receipt this Period  
777.22

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 14 OF 187
	(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)  
**SAVE AMERICA**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2022

**Transaction ID : SA11AI.82043120**

Amount of Each Receipt this Period  
355.96

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**B. MCILWAIN, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2022

**Transaction ID : SA11AI.82044005**

Amount of Each Receipt this Period  
5.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82043120]

**C. LESLIE, LANA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 212 EAGLE LN

City SEDONA	State AZ	Zip Code 86336
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2022

**Transaction ID : SA11AI.82043995**

Amount of Each Receipt this Period  
20.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82043120]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. PAYNE, SHELLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12814 GREAT SAND CT

City HUMBLE	State TX	Zip Code 77346
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2022

**Transaction ID : SA11AI.82043993**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82043120]

**B. HAMPIKIAN, DICK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4048 ADMIRABLE DRIVE

City RANCHO PALOS VERDES	State CA	Zip Code 90275
-----------------------------	-------------	-------------------

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

Name of Employer (for Individual) STANDARD WIRE CABLE CO	Occupation (for Individual) MANAGEMENT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2022

**Transaction ID : SA11AI.82044002**

Amount of Each Receipt this Period  
95.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82043120]

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2022

**Transaction ID : SA11AI.82053991**

Amount of Each Receipt this Period  
1127.59

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 187
	<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)  
**SAVE AMERICA**

**A. HUEBNER, ED, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 LINDEN CT

City BETHALTO	State IL	Zip Code 62010
------------------	-------------	-------------------

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

Name of Employer (for Individual) LEISURE WORLD HEALTH CLUB	Occupation (for Individual) PERSONAL TRAINER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2022

**Transaction ID : SA11AI.82058670**

Amount of Each Receipt this Period  
100.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82053991]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2022

**Transaction ID : SA11AI.82067906**

Amount of Each Receipt this Period  
847.69

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. WOODY, ROGER, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8332 STORM CHASER DR

City FORT WORTH	State TX	Zip Code 76131
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2022

**Transaction ID : SA11AI.82070710**

Amount of Each Receipt this Period  
25.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82067906]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. D, TRAVIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3118 STERLING ST  
 City ABILENE State TX Zip Code 79606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF Occupation (for Individual) AIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2022  
**Transaction ID : SA11AI.82070698**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82067906]

**B. BERG, JERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 S HILLVIEW RD  
 City SIOUX FALLS State SD Zip Code 57110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2022  
**Transaction ID : SA11AI.82070704**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82067906]

**C. CHAPMAN, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 IOWA ST  
 City SANTA ROSA State CA Zip Code 95401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2022  
**Transaction ID : SA11AI.82070691**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82067906]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> 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 18 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**SAVE AMERICA**

**A. PAZ, SINFOROSO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4805 BARTLETTS VISION DR

City BOWIE	State MD	Zip Code 20720
---------------	-------------	-------------------

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 ▼  
470.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2022

**Transaction ID : SA11AI.82070701**

Amount of Each Receipt this Period  
42.75

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82067906]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2022

**Transaction ID : SA11AI.82096510**

Amount of Each Receipt this Period  
309.84

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. HALLENBECK, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 VAN RENSSLAER AVE

City STAMFORD	State CT	Zip Code 06902
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2022

**Transaction ID : SA11AI.82096559**

Amount of Each Receipt this Period  
- 25.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82096510]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17.75
<b>TOTAL</b> 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 187
	<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)  
**SAVE AMERICA**

**A. HALLENBECK, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 VAN RENSSELAER AVE  
 City STAMFORD State CT Zip Code 06902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2022  
**Transaction ID : SA11AI.82096560**  
 Amount of Each Receipt this Period  
 - 25.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82096510]

**B. HALLENBECK, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 VAN RENSSELAER AVE  
 City STAMFORD State CT Zip Code 06902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2022  
**Transaction ID : SA11AI.82096557**  
 Amount of Each Receipt this Period  
 - 25.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82096510]

**C. HALLENBECK, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 VAN RENSSELAER AVE  
 City STAMFORD State CT Zip Code 06902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2022  
**Transaction ID : SA11AI.82096558**  
 Amount of Each Receipt this Period  
 - 25.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82096510]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	- 75.00
<b>TOTAL</b> 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 187 (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)  
**SAVE AMERICA**

**A. MCILWAIN, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 N SHERIDAN AVENUE  
 City PITTSBURGH State PA Zip Code 15206  
 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 ▼ 225.00

Date of Receipt 11 / 02 / 2022  
**Transaction ID : SA11AI.82096570**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82096510]**

**B. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 93063.84

Date of Receipt 11 / 08 / 2022  
**Transaction ID : SA11AI.82103161**  
 Amount of Each Receipt this Period 639.10  
 Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**C. NICHOLS, GINGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 PROMONTORY RD  
 City COLUMBIA State SC Zip Code 29209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 02 / 2022  
**Transaction ID : SA11AI.82104765**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82103161]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)  
**SAVE AMERICA**

**A. WENDT, BARBARA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13017 PARKTREE CT

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

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 ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		03		2022

**Transaction ID : SA11AI.82104750**

Amount of Each Receipt this Period  
25.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82103161]

**B. MURPHY, JEFF, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3910 W 6TH AVE

City STILLWATER	State OK	Zip Code 74074
--------------------	-------------	-------------------

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

Name of Employer (for Individual) UNION PACIFIC	Occupation (for Individual) SIGNAL SUPERVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.25

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2022

**Transaction ID : SA11AI.82104763**

Amount of Each Receipt this Period  
42.75

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82103161]

**C. CHEN, CHIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 IVY PARKWAY DR

City HOUSTON	State TX	Zip Code 77077
-----------------	-------------	-------------------

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 ▼  
1045.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		03		2022

**Transaction ID : SA11AI.82104769**

Amount of Each Receipt this Period  
95.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82103161]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.75
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2022

**Transaction ID : SA11AI.82111958**

Amount of Each Receipt this Period  
639.51

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**B. MILLINGTON, ANDREW, , ,**

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

Mailing Address 240 MONTCLAIR LN

City SALINAS	State CA	Zip Code 93906
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
 SELF-EMPLOYED PLUMBER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	04	/	2022

**Transaction ID : SA11AI.82112837**

Amount of Each Receipt this Period  
23.75

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82111958]**

**C. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	10	/	2022

**Transaction ID : SA11AI.82174966**

Amount of Each Receipt this Period  
2319.56

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	23.75
<b>TOTAL</b> 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 187
	<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)  
**SAVE AMERICA**

**A. BREAUX, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4945 FOLSE DR  
 City METAIRIE State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREAUX MART Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 07 / 2022  
**Transaction ID : SA11AI.82175130**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82174966]

**B. HERRICK, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 684 MARGARITA AVE  
 City CORONADO State CA Zip Code 92118  
 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 ▼ 522.50

Date of Receipt 11 / 06 / 2022  
**Transaction ID : SA11AI.82175147**  
 Amount of Each Receipt this Period 47.50  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82174966]

**C. WINRED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9891  
 City ARLINGTON State VA Zip Code 22219  
 FEC ID number of contributing federal political committee. **C** C00694323  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 93063.84

Date of Receipt 11 / 14 / 2022  
**Transaction ID : SA11AI.82185131**  
 Amount of Each Receipt this Period 216.02  
 Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1047.50
<b>TOTAL</b> 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 24 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		15		2022

**Transaction ID : SA11AI.82212582**

Amount of Each Receipt this Period  
224.15

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**B. FLETCHER, TOM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 5545 OAKDALE CT

City LEWIS CENTER	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
SELF-EMPLOYED FINANCIAL ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		09		2022

**Transaction ID : SA11AI.82212885**

Amount of Each Receipt this Period  
100.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82212582]

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2022

**Transaction ID : SA11AI.82228072**

Amount of Each Receipt this Period  
12.77

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 25 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2022

**Transaction ID : SA11AI.82231769**

Amount of Each Receipt this Period  
76.79

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**B. RAWSON, DENYS, , ,**

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

Mailing Address 522 JARDEN RD

City WYNDMOOR	State PA	Zip Code 19038
------------------	-------------	-------------------

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

Name of Employer (for Individual) R M INTL.SALES CORP	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2022

**Transaction ID : SA11AI.82231973**

Amount of Each Receipt this Period  
20.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82231769]**

**C. LE, THU, CUC THI, ,**

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

Mailing Address 10056 18TH AVE SW

City SEATTLE	State WA	Zip Code 98146
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
299.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2022

**Transaction ID : SA11AI.82231884**

Amount of Each Receipt this Period  
42.75

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82231769]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.75
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. CARR, MARIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3673 COCHRAN HWY

City EASTMAN	State GA	Zip Code 31023
-----------------	-------------	-------------------

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 ▼  
522.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2022

**Transaction ID : SA11Al.82231949**

Amount of Each Receipt this Period  
47.50

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11Al.82231769]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2022

**Transaction ID : SA11Al.82260098**

Amount of Each Receipt this Period  
29.65

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2022

**Transaction ID : SA11Al.82273783**

Amount of Each Receipt this Period  
108.70

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47.50
<b>TOTAL</b> 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 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. OCHOA, COLLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2842 ATHENS RIDGE DR

City HENDERSON	State NV	Zip Code 89052
-------------------	-------------	-------------------

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 ▼  
217.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2022

**Transaction ID : SA11AI.82273797**

Amount of Each Receipt this Period  
19.80

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82273783]

**B. NELSON, GERALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10871 HARROGATE PL

City SANTA ANA	State CA	Zip Code 92705
-------------------	-------------	-------------------

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 ▼  
544.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2022

**Transaction ID : SA11AI.82273786**

Amount of Each Receipt this Period  
49.50

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82273783]

**C. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2022

**Transaction ID : SA11AI.82283337**

Amount of Each Receipt this Period  
19.29

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.30
<b>TOTAL</b> 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 28 OF 187
	(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)  
**SAVE AMERICA**

**A. BRAGG, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2125 MAMMATUS DR

City SPARKS	State NV	Zip Code 89441
----------------	-------------	-------------------

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 ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2022

**Transaction ID : SA11AI.82283344**

Amount of Each Receipt this Period  
45.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82283337]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2022

**Transaction ID : SA11AI.82293828**

Amount of Each Receipt this Period  
38.13

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. MCILWAIN, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2022

**Transaction ID : SA11AI.82293839**

Amount of Each Receipt this Period  
5.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82293828]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> 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 29 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		25		2022

**Transaction ID : SA11AI.82304901**

Amount of Each Receipt this Period  
145.83

Memo Item  
**TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED**

**B. REMON, JORGE, , ,**

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

Mailing Address 6230 GARFIELD ST

City HOLLYWOOD	State FL	Zip Code 33024
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		21		2022

**Transaction ID : SA11AI.82304921**

Amount of Each Receipt this Period  
19.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82304901]**

**C. TRUMAN, JOAN, , ,**

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

Mailing Address 22660 WEST DEERFIELD COURT

City CURTICE	State OH	Zip Code 43412
-----------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		21		2022

**Transaction ID : SA11AI.82304910**

Amount of Each Receipt this Period  
50.00

Memo Item  
**TOTAL EARMARKED THROUGH WINRED [SA11AI.82304901]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.00
<b>TOTAL</b> 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 30 OF 187
	<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)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.    **C**    C00694323

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 93063.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2022

**Transaction ID : SA11AI.82331383**

Amount of Each Receipt this Period  
 151.42

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**B. DELL, KARIN, , ,**

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

Mailing Address PO BOX 204

City GLEN ELLEN	State CA	Zip Code 95442
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 22 / 2022

**Transaction ID : SA11AI.82331680**

Amount of Each Receipt this Period  
 19.00

Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82331383]

**C. TRUONG, TONY, , ,**

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

Mailing Address 824 EAST MICHELLE STREET

City WEST COVINA	State CA	Zip Code 91790
---------------------	-------------	-------------------

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

Name of Employer (for Individual)    Occupation (for Individual)  
 TRI T TECHNOLOGY INC    ELECTRICIAN

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 522.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2022

**Transaction ID : SA11AI.82331681**

Amount of Each Receipt this Period  
 47.50

Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82331383]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.50
<b>TOTAL</b> 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 31 OF 187
	<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)  
**SAVE AMERICA**

**A. CRISCUOLO, MICHAEL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 POCONO ROAD

City NEWTOWN	State CT	Zip Code 06470
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NATIONAL GUARD	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2022

**Transaction ID : SA11AI.82331682**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82331383]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

**Transaction ID : SA11AI.82331392**

Amount of Each Receipt this Period  
192.20

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. NICHOLS, LANE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2052 VAN HORN CT

City FAIRBANKS	State AK	Zip Code 99701
-------------------	-------------	-------------------

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

Name of Employer (for Individual) GENES INC	Occupation (for Individual) AUTOMOTIVE
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2022

**Transaction ID : SA11AI.82331633**

Amount of Each Receipt this Period  
50.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82331392]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 32 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. POWELL, EVELYN, JO, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1630 COUNTY ROAD 219

City BROOKELAND	State TX	Zip Code 75931
--------------------	-------------	-------------------

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 ▼  
855.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		21		2022

**Transaction ID : SA11AI.82331670**

Amount of Each Receipt this Period  
95.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82331392]

**B. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2022

**Transaction ID : SA11AI.82355115**

Amount of Each Receipt this Period  
182.26

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**C. MCILWAIN, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		25		2022

**Transaction ID : SA11AI.82355149**

Amount of Each Receipt this Period  
5.00

Memo Item  
TOTAL EARMARKED THROUGH WINRED [SA11AI.82355115]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 33 OF 187
	<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)  
**SAVE AMERICA**

**A. FIJALKOWSKI, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4977 WARMINSTER DRIVE  
 City COLUMBUS State OH Zip Code 43232  
 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 ▼ 209.00

Date of Receipt 11 / 24 / 2022  
**Transaction ID : SA11AI.82355147**  
 Amount of Each Receipt this Period 19.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82355115]

**B. DOTY, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4810 RISING ST SE  
 City SALEM State OR Zip Code 97302  
 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 ▼ 522.50

Date of Receipt 11 / 25 / 2022  
**Transaction ID : SA11AI.82355148**  
 Amount of Each Receipt this Period 47.50  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82355115]

**C. SANDERSON, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8119 NE CATAWBA ROAD  
 City BRECKENRIDGE State MO Zip Code 64625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2022  
**Transaction ID : SA11AI.82355142**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82355115]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116.50
<b>TOTAL</b> 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 34 OF 187
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

**Transaction ID : SA11AI.82357448**

Amount of Each Receipt this Period  
337.31

Memo Item  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**B. MCILWAIN, BEVERLY, , ,**

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

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

**Transaction ID : SA11AI.82357586**

Amount of Each Receipt this Period  
5.00

Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

**C. MCILWAIN, BEVERLY, , ,**

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

Mailing Address 634 N SHERIDAN AVENUE

City PITTSBURGH	State PA	Zip Code 15206
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2022

**Transaction ID : SA11AI.82357587**

Amount of Each Receipt this Period  
5.00

Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10.00
<b>TOTAL</b> 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 35 OF 187
	<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)  
**SAVE AMERICA**

**A. LESLIE, LANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 EAGLE LN  
 City SEDONA State AZ Zip Code 86336  
 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 ▼ 220.00

Date of Receipt 11 / 28 / 2022  
**Transaction ID : SA11AI.82357590**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

**B. KEMAL, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10438 ELIZABETH CT  
 City SAN ANTONIO State TX Zip Code 78240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.25

Date of Receipt 11 / 28 / 2022  
**Transaction ID : SA11AI.82357589**  
 Amount of Each Receipt this Period 23.75  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

**C. MICHAELS, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 WILLIAM PENN CIRCLE  
 City MEDFORD State NJ Zip Code 08055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TJUH US NAVY Occupation (for Individual) NURSE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 26 / 2022  
**Transaction ID : SA11AI.82357583**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	93.75
<b>TOTAL</b> 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 36 OF 187
	<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)  
**SAVE AMERICA**

**A. PAYNE, SHELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12814 GREAT SAND CT  
 City HUMBLE State TX Zip Code 77346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INSPERITY Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2022  
**Transaction ID : SA11AI.82357581**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

**B. PAPER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6509 BROOK AVE  
 City BALTIMORE State MD Zip Code 21206  
 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 ▼ 825.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2022  
**Transaction ID : SA11AI.82357579**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

**C. HAMPIKIAN, DICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4048 ADMIRABLE DRIVE  
 City RANCHO PALOS VERDES State CA Zip Code 90275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STANDARD WIRE CABLE CO Occupation (for Individual) MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2022  
**Transaction ID : SA11AI.82357588**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item  
 TOTAL EARMARKED THROUGH WINRED [SA11AI.82357448]

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> 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 37 OF 187  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. WINRED**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
93063.84

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2022

**Transaction ID : SA11AI.82393674**

Amount of Each Receipt this Period  
24.00

Memo Item  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. ITEMIZED IF REQUIRED

**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 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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	4306.55

**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 38 OF 187
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**SAVE AMERICA**

**A. MAX MILLER VICTORY**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS	State GA	Zip Code 30605
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00779827

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39372.07

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		23		2022

**Transaction ID : SA12.82305085**

Amount of Each Receipt this Period  
2227.85

Memo Item  
JFC TRANSFER: SEE MEMO ATTRIBUTIONS

**B. LANDIES, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 687

City CHARDON	State OH	Zip Code 44024
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2022

**Transaction ID : SA12.82305188**

Amount of Each Receipt this Period  
2300.00

Memo Item  
JFC TRANSFER: MAX MILLER VICTORY

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2227.85
<b>TOTAL</b> This Period (last page this line number only).....	2227.85

**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 39 OF 187
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

**A. EMPLOYERS PREFERRED INS. CO.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 539003

City HENDERSON	State NV	Zip Code 89053
-------------------	-------------	-------------------

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 ▼  
246.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

**Transaction ID : SA15.82332060**

Amount of Each Receipt this Period  
246.00

Memo Item  
VENDOR REFUND: OVERPAYMENT

**B. AMERICAN EXPRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 200 VESEY ST

City NEW YORK	State NY	Zip Code 10285
------------------	-------------	-------------------

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 ▼  
518.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2022

**Transaction ID : SA15.1**

Amount of Each Receipt this Period  
50.00

Memo Item  
VENDOR REFUND: OVERPAYMENT

**C. AMERICAN EXPRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 200 VESEY ST

City NEW YORK	State NY	Zip Code 10285
------------------	-------------	-------------------

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 ▼  
518.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2022

**Transaction ID : SA15.2**

Amount of Each Receipt this Period  
78.88

Memo Item  
VENDOR REFUND: OVERPAYMENT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.88
<b>TOTAL</b> This Period (last page this line number only).....	374.88

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ABEL BEAN LAW P.A.</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022
Mailing Address 100 N. LAURA STREET SUITE 501		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92714</b> Amount of Each Disbursement this Period 76957.50
City JACKSONVILLE	State FL	Zip Code 32202
Purpose of Disbursement LEGAL CONSULTING		Category/Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ACE SPECIALTIES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address PO BOX 80427		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92756</b> Amount of Each Disbursement this Period 16051.63
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement COLLATERAL: CAPS SIGNS & FREIGHT		Category/Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ACE SPECIALTIES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address PO BOX 80427		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92683</b> Amount of Each Disbursement this Period 7502.80
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement COLLATERAL: SIGNS		Category/Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

100511.93

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ACE SPECIALTIES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address PO BOX 80427		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92301</b> Amount of Each Disbursement this Period [REDACTED] 380.71
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement COLLATERAL: SHIRTS CAPS BUTTONS & FREIGHT		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ACUMEN SOLUTIONS GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 600 BROADHOLLOW ROAD SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92416</b> Amount of Each Disbursement this Period [REDACTED] 5000.00
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement INSURANCE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ACUMEN SOLUTIONS GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 600 BROADHOLLOW ROAD SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92416</b> Amount of Each Disbursement this Period [REDACTED] 2500.00
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement INSURANCE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 7880.71
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ACUMEN SOLUTIONS GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 600 BROADHOLLOW ROAD SUITE 200		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92757</b> Amount of Each Disbursement this Period 5000.00
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement INSURANCE		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADVANCING STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address PO BOX 96		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92828</b> Amount of Each Disbursement this Period 4071.76
City MIDLOTHIAN	State VA	Zip Code 23113
Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 200 VESEY ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92983</b> Amount of Each Disbursement this Period 285.00
City NEW YORK	State NY	Zip Code 10285
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9356.76
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 01 / 2022

FEC Identification Number  
**C**

Transaction ID : **SB21B.92648**

Amount of Each Disbursement this Period  
66859.41

Memo Item

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

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95838

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 22 / 2022

FEC Identification Number  
**C**

Transaction ID : **SB21B.92648**

Amount of Each Disbursement this Period  
18.05

Memo Item

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

Mailing Address 151 S ALMADEN BLVD

City SAN JOSE State CA Zip Code 95838

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 22 / 2022

FEC Identification Number  
**C**

Transaction ID : **SB21B.92648**

Amount of Each Disbursement this Period  
18.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 66859.41

**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)  
**SAVE AMERICA**

**A. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 7.38

Memo Item

**B. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 23.53

Memo Item

**C. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 37.64

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 440 TERRY AVE. NORTH

City  
SEATTLE

State  
WA

Zip Code  
98109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period

Memo Item

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

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2022	
Mailing Address 440 TERRY AVE. NORTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 66.49	
City SEATTLE	State WA	Zip Code 98109	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2022	
Mailing Address 440 TERRY AVE. NORTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 74.49	
City SEATTLE	State WA	Zip Code 98109	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMAZON</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2022	
Mailing Address 440 TERRY AVE. NORTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 100.55	
City SEATTLE	State WA	Zip Code 98109	Category/ Type [REDACTED]
Purpose of Disbursement OFFICE SUPPLIES		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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

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)  
**SAVE AMERICA**

**A. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 104.61

Memo Item

**B. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 106.23

Memo Item

**C. AMAZON**

Full Name (Last, First, Middle Initial)

Mailing Address 440 TERRY AVE. NORTH

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 138.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. AMAZON**

Mailing Address **440 TERRY AVE. NORTH**

City **SEATTLE** State **WA** Zip Code **98109**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**08 / 24 / 2022**

FEC Identification Number  
**C**

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period  
**3744.96**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address **4333 AMON CARTER BLVD**

City **FORT WORTH** State **TX** Zip Code **76155**

Purpose of Disbursement  
**CREDIT: TRAVEL: AIR**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**09 / 30 / 2022**

FEC Identification Number  
**C**

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period  
**- 128.60**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Mailing Address **4333 AMON CARTER BLVD**

City **FORT WORTH** State **TX** Zip Code **76155**

Purpose of Disbursement  
**TRAVEL: AIR**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**10 / 04 / 2022**

FEC Identification Number  
**C**

**Transaction ID : SB21B.92648**

Amount of Each Disbursement this Period  
**87.44**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 128.60
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 131.79
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 143.08
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 215.28
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 222.58
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 262.21
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 269.34
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 308.29
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 316.16
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[ ] 0.00

**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)  
**SAVE AMERICA**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 334.69

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 348.24

Memo Item

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 361.94

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 465.75

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 542.13

Memo Item

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 576.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 609.42
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLOOMBERG</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2022
Mailing Address 731 LEXINGTON AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 34.99
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BLOOMBERG</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2022
Mailing Address 731 LEXINGTON AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 34.99
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[ ] 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. CVS PHARMACY</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022
Mailing Address ONE CVS DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 0.42
City WOONSOCKET	State RI	Zip Code 02895
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CVS PHARMACY</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2022
Mailing Address ONE CVS DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 2.56
City WOONSOCKET	State RI	Zip Code 02895
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CVS PHARMACY</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2022
Mailing Address ONE CVS DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 2.56
City WOONSOCKET	State RI	Zip Code 02895
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 4.27

Memo Item

**B. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 9.63

Memo Item

**C. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 23.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 38.42

Memo Item

**B. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 87.52

Memo Item

**C. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 89.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. CVS PHARMACY**

Full Name (Last, First, Middle Initial)

Mailing Address ONE CVS DRIVE

City WOONSOCKET State RI Zip Code 02895

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 124.30

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 98.60

Memo Item

**C. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 230.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2022
Mailing Address 1030 DELTA BLVD		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 230.50
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2022
Mailing Address 1030 DELTA BLVD		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 303.40
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2022
Mailing Address 1030 DELTA BLVD		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 317.32
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2022	
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 370.11	
City ATLANTA	State GA	Zip Code 30354	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: AIR		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2022	
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 378.20	
City ATLANTA	State GA	Zip Code 30354	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: AIR		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2022	
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 409.22	
City ATLANTA	State GA	Zip Code 30354	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: AIR		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 507.44

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 567.19

Memo Item

**C. EAST FORK FIRE PROTECTION DISTRICT**

Full Name (Last, First, Middle Initial)

Mailing Address 1694 COUNTY ROAD

City MINDEN State NV Zip Code 89423

Purpose of Disbursement SECURITY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 3428.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. EAST FORK FIRE PROTECTION DISTRICT**

Mailing Address 1694 COUNTY ROAD

City MINDEN State NV Zip Code 89423

Purpose of Disbursement SECURITY SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 10 / 07 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 7004.36

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

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

State: District:

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 190.17

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

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

State: District:

Date of Disbursement: 10 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 280.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 296.49
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 364.75
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 535.91
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

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

[ ] 0.00
[ ]

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 705.22
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 740.10
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 1387.56
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City  
ST LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period

3	6	4	2	.	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City  
ST LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
TRAVEL: TOLLS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	2

FEC Identification Number

C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period

3	0	.	1	8
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Memo Item

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City  
ST LOUIS

State  
MO

Zip Code  
63105

Purpose of Disbursement  
TRAVEL: TOLLS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	2

FEC Identification Number

C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period

7	9	.	4	4
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Memo Item

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

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

0	0	0	0
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**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 89.38
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: TOLLS		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EXPEDIA</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2022
Mailing Address 333 108TH AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 616.68
City BELLEVUE	State WA	Zip Code 98004
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2022
Mailing Address 942 SOUTH SHADY GROVE ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [REDACTED] 17.61
City MEMPHIS	State TN	Zip Code 38120
Purpose of Disbursement DELIVERY SERVICES		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 17.72

Memo Item

**B. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 19.19

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 22.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 27 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 26.88

Memo Item

**B. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 30.04

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 36.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 39.00

Memo Item

**B. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 44.67

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 71.61

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2022

FEC Identification Number

C  
Transaction ID : **SB21B.92648**  
Amount of Each Disbursement this Period  
112.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2022

FEC Identification Number

C  
Transaction ID : **SB21B.92648**  
Amount of Each Disbursement this Period  
124.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2022

FEC Identification Number

C  
Transaction ID : **SB21B.92648**  
Amount of Each Disbursement this Period  
127.41

Memo Item

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

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

0.00

**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)  
**SAVE AMERICA**

**A. FINANCIAL TIMES**

Full Name (Last, First, Middle Initial)

Mailing Address 330 HUDSON STREET

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 40.00

Memo Item

**B. FINANCIAL TIMES**

Full Name (Last, First, Middle Initial)

Mailing Address 330 HUDSON STREET

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 40.00

Memo Item

**C. GRABIEN INC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7502

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. GRABIEN INC</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2022
Mailing Address PO BOX 7502		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	
Zip Code 22307	Purpose of Disbursement SOFTWARE	Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. GRABIEN INC</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address PO BOX 7502		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	
Zip Code 22307	Purpose of Disbursement SOFTWARE	Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2022
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 241.82
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement TRAVEL: LODGING	Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 315.27
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2022
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 483.64
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. HILTON</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2022
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 632.80
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. HILTON**

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 725.46

Memo Item

**B. HOME DEPOT**

Full Name (Last, First, Middle Initial)

Mailing Address 2455 PACES FERRY RD. NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 198.17

Memo Item

**C. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 138.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 163.60

Memo Item

**B. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 222.21

Memo Item

**C. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 254.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 335.01

Memo Item

**B. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 338.61

Memo Item

**C. JETBLUE AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 27-01 QUEENS PLZ N

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 432.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. JETBLUE AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2022
Mailing Address 27-01 QUEENS PLZ N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 442.20
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2022
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 234.21
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2022
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 248.52
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

[ ] 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 354.19	
City BETHESDA	State MD	Zip Code 20817	Category/ Type [ ]
Purpose of Disbursement TRAVEL: LODGING			
Candidate Name		Memo Item <input checked="" 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>B. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 525.90	
City BETHESDA	State MD	Zip Code 20817	Category/ Type [ ]
Purpose of Disbursement TRAVEL: LODGING			
Candidate Name		Memo Item <input checked="" 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>C. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 866.56	
City BETHESDA	State MD	Zip Code 20817	Category/ Type [ ]
Purpose of Disbursement TRAVEL: LODGING			
Candidate Name		Memo Item <input checked="" 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 998.26	
City BETHESDA	State MD	Zip Code 20817	Category/ Type
Purpose of Disbursement TRAVEL: LODGING			
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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 1075.18	
City BETHESDA	State MD	Zip Code 20817	Category/ Type
Purpose of Disbursement TRAVEL: LODGING			
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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2022	
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 1289.54	
City BETHESDA	State MD	Zip Code 20817	Category/ Type
Purpose of Disbursement TRAVEL: LODGING			
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:	<input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

## A. MARRIOTT INTERNATIONAL

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
1299.84

Memo Item

Full Name (Last, First, Middle Initial)

## B. MARRIOTT INTERNATIONAL

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
1437.40

Memo Item

Full Name (Last, First, Middle Initial)

## C. MARRIOTT INTERNATIONAL

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
1738.45

Memo Item

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

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

0.00



**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MARRIOTT INTERNATIONAL</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2022
Mailing Address 10400 FERNWOOD RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 2605.54
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. NEW YORK TIMES</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2022
Mailing Address 620 8TH AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 17.00
City NEW YORK	State NY	Zip Code 10018
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. NEW YORK TIMES</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2022
Mailing Address 620 8TH AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 17.00
City NEW YORK	State NY	Zip Code 10018
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

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

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

0.00

**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)  
**SAVE AMERICA**

**A. NEWSWEEK**

Full Name (Last, First, Middle Initial)

Mailing Address 33 WHITEHALL STREET  
8TH FL

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 24 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 49.00

Memo Item

**B. SHRED IT**

Full Name (Last, First, Middle Initial)

Mailing Address 500 UNICORN PARK DR

City WOBURN State MA Zip Code 01801

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 465.48

Memo Item

**C. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 151.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 46.90

Memo Item

**B. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 61.41

Memo Item

**C. STAPLES**

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 277.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. THE ARIZONA REPUBLIC</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2022
Mailing Address 200 E VAN BUREN STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 9.99
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE ARIZONA REPUBLIC</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2022
Mailing Address 200 E VAN BUREN STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 9.99
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THE ARIZONA REPUBLIC</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2022
Mailing Address 200 E VAN BUREN STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 9.99
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. THE BEN AUTOGRAPH COLLECTION**

Full Name (Last, First, Middle Initial)

Mailing Address 251 N NARCISSUS AVE

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 879.14

Memo Item

**B. THE EPOCH TIMES**

Full Name (Last, First, Middle Initial)

Mailing Address 229 W 28TH ST

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 9.99

Memo Item

**C. THE EPOCH TIMES**

Full Name (Last, First, Middle Initial)

Mailing Address 229 W 28TH ST

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92648

Amount of Each Disbursement this Period: 9.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. TRUMP HOTEL COLLECTION**

Mailing Address **725 FIFTH AVENUE**

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

Purpose of Disbursement  
**TRAVEL: FOOD**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 31 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.92648**  
Amount of Each Disbursement this Period: **68.24**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TRUMP HOTEL COLLECTION**

Mailing Address **725 FIFTH AVENUE**

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

Purpose of Disbursement  
**TRAVEL: LODGING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **10 / 11 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.92648**  
Amount of Each Disbursement this Period: **7325.23**

Memo Item

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

Mailing Address **1455 MARKET STREET #400**

City **SAN FRANCISCO** State **CA** Zip Code **94103**

Purpose of Disbursement  
**TRAVEL: GROUND TRANSPORTATION**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 27 / 2022**

FEC Identification Number: **C**  
**Transaction ID : SB21B.92648**  
Amount of Each Disbursement this Period: **62.77**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET STREET  
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
69.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET STREET  
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
119.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET STREET  
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92648  
Amount of Each Disbursement this Period  
165.71

Memo Item

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

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

0.00

# 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2022
Mailing Address 233 S WACKER DRIVE		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 347.34
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2022
Mailing Address 233 S WACKER DRIVE		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 349.34
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address 233 S WACKER DRIVE		FEC Identification Number C <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period 506.05
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL: AIR		Category/ Type
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

0.00



**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2022	
Mailing Address 233 S WACKER DRIVE		FEC Identification Number C [REDACTED]	
City CHICAGO	State IL	Zip Code 60606	Transaction ID : <b>SB21B.92648</b>
Purpose of Disbursement TRAVEL: AIR		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 604.97
Candidate Name			<input checked="" 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:			

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2022	
Mailing Address 233 S WACKER DRIVE		FEC Identification Number C [REDACTED]	
City CHICAGO	State IL	Zip Code 60606	Transaction ID : <b>SB21B.92648</b>
Purpose of Disbursement TRAVEL: AIR		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 635.35
Candidate Name			<input checked="" 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:			

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022	
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20260	Transaction ID : <b>SB21B.92648</b>
Purpose of Disbursement POSTAGE		Category/ Type	Amount of Each Disbursement this Period [REDACTED] 27.00
Candidate Name			<input checked="" 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WALL ST JOURNAL</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2022
Mailing Address 1211 AVENUE OF THE AMERICAS		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 38.99
City NEW YORK	State NY	Zip Code 10036
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WALL ST JOURNAL</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2022
Mailing Address 1211 AVENUE OF THE AMERICAS		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92648</b> Amount of Each Disbursement this Period [ ] 38.99
City NEW YORK	State NY	Zip Code 10036
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. APPLIED TRUSS AND ELECTRONICS</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 722 BLUE CRAB ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92575</b> Amount of Each Disbursement this Period [ ] 20744.51
City NEWPORT NEWS	State VA	Zip Code 23606
Purpose of Disbursement EVENT STAGING EQUIPMENT		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 20744.51
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BCVM SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 1512 E BROWARD BLVD UNIT 104B		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92669</b> Amount of Each Disbursement this Period 42250.00
City FORT LAUDERDALE	State FL	Zip Code 33301
Purpose of Disbursement RADIO ADVERTISING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BCVM SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 1512 E BROWARD BLVD UNIT 104B		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92386</b> Amount of Each Disbursement this Period 14700.00
City FORT LAUDERDALE	State FL	Zip Code 33301
Purpose of Disbursement RADIO ADVERTISING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BELKIN BURDEN GOLDMAN LLP</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022
Mailing Address 60 EAST 42ND STREET 16TH FLOOR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92904</b> Amount of Each Disbursement this Period 321000.00
City NEW YORK	State NY	Zip Code 10165
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

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

377950.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BELKIN BURDEN GOLDMAN LLP</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2022	
Mailing Address 60 EAST 42ND STREET 16TH FLOOR			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92904</b>	
City NEW YORK	State NY	Zip Code 10165	Amount of Each Disbursement this Period [REDACTED] 143000.00	
Purpose of Disbursement LEGAL CONSULTING		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>B. BELKIN BURDEN GOLDMAN LLP</b>			Date of Disbursement MM / DD / YYYY 11 / 15 / 2022	
Mailing Address 60 EAST 42ND STREET 16TH FLOOR			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92950</b>	
City NEW YORK	State NY	Zip Code 10165	Amount of Each Disbursement this Period [REDACTED] 78000.00	
Purpose of Disbursement LEGAL CONSULTING		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>C. BELMONT STRATEGIES LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 02 / 2022	
Mailing Address 184 WEST BOYLSTON ST.			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92700</b>	
City WEST BOYLSTON	State MA	Zip Code 01583	Amount of Each Disbursement this Period [REDACTED] 10000.00	
Purpose of Disbursement DIGITAL CONSULTING		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 231000.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BINNALL LAW GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address 717 KING STREET SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92918</b> Amount of Each Disbursement this Period 34008.60
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BINNALL LAW GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 717 KING STREET SUITE 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92692</b> Amount of Each Disbursement this Period 14431.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BRAND WOODWARD LAW</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 2001 K ST NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92692</b> Amount of Each Disbursement this Period 53320.00
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

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

101759.60

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. C&amp;M TRANSCONTINENTAL LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address 186 TALMAGE RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92912</b> Amount of Each Disbursement this Period 16784.11
City MENDHAM	State NJ	Zip Code 07945
Purpose of Disbursement ADVANCE CONSULTING & TRAVEL EXPENSES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIKENLAW LTD.</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address ONE ATLANTIC CENTER 1201 W. PEACHTREE STREET STE 230		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92692</b> Amount of Each Disbursement this Period 32110.00
City ATLANTA	State GA	Zip Code 30309
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CITY OF SIOUX CITY</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 405 6TH STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92714</b> Amount of Each Disbursement this Period 5000.00
City SIOUX CITY	State IA	Zip Code 51101
Purpose of Disbursement FACILITY RENTAL		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	53894.11
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. CITY OF SIOUX CITY</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 405 6TH STREET		FEC Identification Number C <b>Transaction ID : SB21B.92541</b> Amount of Each Disbursement this Period 5000.00
City SIOUX CITY	State IA	
Purpose of Disbursement FACILITY RENTAL	Zip Code 51101	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>B. CLAYTON HENSON CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 7341 PATCH COURT		FEC Identification Number C <b>Transaction ID : SB21B.92828</b> Amount of Each Disbursement this Period 13599.67
City CANAL WINCHESTER	State OH	
Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES	Zip Code 43110	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>C. CLAYTON HENSON CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address 7341 PATCH COURT		FEC Identification Number C <b>Transaction ID : SB21B.92995</b> Amount of Each Disbursement this Period 6570.95
City CANAL WINCHESTER	State OH	
Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES	Zip Code 43110	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)..... ▶

25170.62

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. COMPASS LEGAL SERVICES INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2022			

Mailing Address 300 INDEPENDENCE AVENUE SE

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.92684**  
Amount of Each Disbursement this Period

[REDACTED] 15834.56

Memo Item

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
LEGAL CONSULTING & TRAVEL EXPENSES

[REDACTED]

Candidate Name

Category/Type

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

State: District:

Full Name (Last, First, Middle Initial)  
**B. CONSERVATIVE STRATEGIES**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2022			

Mailing Address 2109 J ST #202

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.92983**  
Amount of Each Disbursement this Period

[REDACTED] 12986.67

Memo Item

City SACRAMENTO State CA Zip Code 95818

Purpose of Disbursement  
STRATEGY CONSULTING & TRAVEL EXPENSES

[REDACTED]

Candidate Name

Category/Type

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

State: District:

Full Name (Last, First, Middle Initial)  
**C. CONTINENTAL PLLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2022			

Mailing Address 255 ALHAMBRA CIRCLE  
SUITE 640

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.92897**  
Amount of Each Disbursement this Period

[REDACTED] 268555.53

Memo Item

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
LEGAL CONSULTING

[REDACTED]

Candidate Name

Category/Type

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

State: District:

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

[REDACTED] 297376.76

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. DEX IMAGING**

Mailing Address PO BOX 17299

City  
CLEARWATER

State  
FL

Zip Code  
33762

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92707

Amount of Each Disbursement this Period

[REDACTED] 206.31

Memo Item

Full Name (Last, First, Middle Initial)

**B. DHILLON LAW GROUP INC.**

Mailing Address 177 POST STREET SUITE 700

City  
SAN FRANCISCO

State  
CA

Zip Code  
94108

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92885

Amount of Each Disbursement this Period

[REDACTED] 31849.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. DHILLON LAW GROUP INC.**

Mailing Address 177 POST STREET SUITE 700

City  
SAN FRANCISCO

State  
CA

Zip Code  
94108

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92911

Amount of Each Disbursement this Period

[REDACTED] 11636.89

Memo Item

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

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

[REDACTED] 43693.04

[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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. DHILLON LAW GROUP INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 177 POST STREET SUITE 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92437</b> Amount of Each Disbursement this Period 100000.00
City SAN FRANCISCO	State CA	Zip Code 94108
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DHILLON LAW GROUP INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address 177 POST STREET SUITE 700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92506</b> Amount of Each Disbursement this Period 31917.18
City SAN FRANCISCO	State CA	Zip Code 94108
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. EARTH &amp; WATER LAW LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022
Mailing Address 1455 PENNSYLVANIA AVE NW SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92714</b> Amount of Each Disbursement this Period 1105.00
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	133022.18
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ELECTIONS LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022
Mailing Address 1050 CONNECTICUT AVE NW SUITE 500		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92675</b> Amount of Each Disbursement this Period 10000.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EMPLOYERS PREFERRED INS. CO.</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2022
Mailing Address P.O. BOX 539003		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92501</b> Amount of Each Disbursement this Period 4790.47
City HENDERSON	State NV	Zip Code 89053
Purpose of Disbursement INSURANCE		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. EVENT STRATEGIES INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022
Mailing Address 510 KING STREET SUITE 410		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92863</b> Amount of Each Disbursement this Period 442724.77
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	457515.24
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. EVENT STRATEGIES INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address 510 KING STREET SUITE 410		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.93013</b> Amount of Each Disbursement this Period 578760.38
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. EVENT STRATEGIES INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 510 KING STREET SUITE 410		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92615</b> Amount of Each Disbursement this Period 519754.10
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. EVENT STRATEGIES INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 510 KING STREET SUITE 410		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92914</b> Amount of Each Disbursement this Period 888558.08
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

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

1987072.56

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. EVENT STRATEGIES INC.</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 510 KING STREET SUITE 410		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92339</b> Amount of Each Disbursement this Period 1012909.53
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES		Category/Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. FINDLING LAW FIRM</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address ONE SECURITIES CENTER 3490 PIEDMONT ROAD SUITE 600		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period 22250.00
City ATLANTA	State GA	Zip Code 30305
Purpose of Disbursement LEGAL CONSULTING		Category/Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. GABRIEL STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address PO BOX 10		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92995</b> Amount of Each Disbursement this Period 4651.43
City RUMSON	State NJ	Zip Code 07760
Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES		Category/Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1039810.96
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. GABRIEL STRATEGIES LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 10

M M M	/	D D D	/	Y Y Y Y Y
10		20		2022

City  
RUMSON

State  
NJ

Zip Code  
07760

FEC Identification Number

Purpose of Disbursement  
STRATEGY CONSULTING & TRAVEL EXPENSES

C
---

**Transaction ID : SB21B.92336**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

16829.31
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Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**B. GEORGETOWN ADVISORY**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 414 SAYRE DR.

M M M	/	D D D	/	Y Y Y Y Y
10		20		2022

City  
PRINCETON

State  
NJ

Zip Code  
08540

FEC Identification Number

Purpose of Disbursement  
STRATEGY CONSULTING

C
---

**Transaction ID : SB21B.92323**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

30000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**C. GREATAMERICA FINANCIAL SERVICES**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 660831

M M M	/	D D D	/	Y Y Y Y Y
11		08		2022

City  
DALLAS

State  
TX

Zip Code  
75266

FEC Identification Number

Purpose of Disbursement  
OFFICE EQUIPMENT

C
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**Transaction ID : SB21B.92817**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

573.81
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Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

47403.12
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HABBA MADAIIO &amp; ASSOCIATES LLP</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022	
Mailing Address 1430 U.S. HIGHWAY 206 SUITE 240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 63000.00	
City BEDMINSTER	State NJ	Zip Code 07921	Category/ Type
Purpose of Disbursement LEGAL CONSULTING			
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>B. HABBA MADAIIO &amp; ASSOCIATES LLP</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2022	
Mailing Address 1430 U.S. HIGHWAY 206 SUITE 240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92992</b> Amount of Each Disbursement this Period 66274.23	
City BEDMINSTER	State NJ	Zip Code 07921	Category/ Type
Purpose of Disbursement LEGAL CONSULTING			
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>C. HERVE PIERRE BRAILLARD</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022	
Mailing Address 225 5TH AVENUE #9K		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92678</b> Amount of Each Disbursement this Period 18000.00	
City NEW YORK	State NY	Zip Code 10010	Category/ Type
Purpose of Disbursement STRATEGY CONSULTING			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	147274.23
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. HIGH GROUND STRATEGIES LLC**

Mailing Address 1501 42ND STREET SUITE 500

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 08 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92759  
Amount of Each Disbursement this Period: 13860.25

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HIGH GROUND STRATEGIES LLC**

Mailing Address 1501 42ND STREET SUITE 500

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement STRATEGY CONSULTING & TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 23 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92974  
Amount of Each Disbursement this Period: 5923.52

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HUDSON DIGITAL LLC**

Mailing Address 705 HUNTINGTON DRIVE

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 01 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92653  
Amount of Each Disbursement this Period: 20000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 39783.77

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. HUMANA**

Date of Disbursement: MM / DD / YYYY  
11 / 03 / 2022

Mailing Address 500 WEST MAIN STREET

City LOUISVILLE State KY Zip Code 40202

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Transaction ID : **SB21B.92436**

Amount of Each Disbursement this Period: 394.13

Memo Item

Full Name (Last, First, Middle Initial)  
**B. IFRAH LAW PLLC**

Date of Disbursement: MM / DD / YYYY  
11 / 02 / 2022

Mailing Address 1717 PENNSYLVANIA AVE N.W. SUITE 650

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Transaction ID : **SB21B.92652**

Amount of Each Disbursement this Period: 205786.72

Memo Item

Full Name (Last, First, Middle Initial)  
**C. JOE MORTEN & SONS INC**

Date of Disbursement: MM / DD / YYYY  
11 / 02 / 2022

Mailing Address 1100 WEST 29TH ST PO BOX 277

City SOUTH SIOUX CITY State NE Zip Code 68776

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C

Transaction ID : **SB21B.92671**

Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 209180.85

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. JOHN F. LAURO P.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address 400 N. TAMPA STREET 15TH FLOOR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92506</b> Amount of Each Disbursement this Period [ ] 48086.41
City TAMPA	State FL	Zip Code 33602
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. KACONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 2943 BENTON PLACE NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92689</b> Amount of Each Disbursement this Period [ ] 129735.06
City WASHINGTON	State DC	Zip Code 20008
Purpose of Disbursement POLLING EXPENSES		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHRIS KISE AND ASSOCIATES P.A.</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 6788 HEARTLAND CIR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92992</b> Amount of Each Disbursement this Period [ ] 293266.06
City TALLAHASSEE	State FL	Zip Code 32312
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 471087.53
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEVEL LAW LTD**

Mailing Address 20-22 SHELTONSTREET COVENT GARDEN

City LONDON State ZZ Zip Code 99999

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 02 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92625**  
Amount of Each Disbursement this Period  
57651.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAGNOLIA MANAGEMENT LLC**

Mailing Address 4160 NW 58TH STREET

City COCONUT CREEK State FL Zip Code 33073

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 07 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92810**  
Amount of Each Disbursement this Period  
9166.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARINO TORTORELLA & BOYLE P.C.**

Mailing Address 437 SOUTHERN BOULEVARD

City CHATHAM State NJ Zip Code 07928

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92855**  
Amount of Each Disbursement this Period  
19550.00

Memo Item

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

86367.73

**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)  
**SAVE AMERICA**

**A. MATCHPOINT STRATEGIES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1 SW 51ST STREET

City DES MOINES State IA Zip Code 50312

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92492

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. MCLAUGHLIN AND ASSOCIATES INC**

Full Name (Last, First, Middle Initial)

Mailing Address 566 S. ROUTE 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92774

Amount of Each Disbursement this Period: 29000.00

Memo Item

**C. MCLAUGHLIN AND ASSOCIATES INC**

Full Name (Last, First, Middle Initial)

Mailing Address 566 S. ROUTE 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92828

Amount of Each Disbursement this Period: 8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 42000.00

**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)  
**SAVE AMERICA**

**A. MIAMI-DADE COUNTY FAIR AND EXPOSITION INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 10901 SW 24 STREET

City MIAMI State FL Zip Code 33165

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92572

Amount of Each Disbursement this Period: 37154.00

Memo Item

**B. MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO P.C.**

Full Name (Last, First, Middle Initial)

Mailing Address ONE FINANCIAL CENTER

City BOSTON State MA Zip Code 02111

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92400

Amount of Each Disbursement this Period: 56943.00

Memo Item

**C. NEAL & HARWELL PLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1201 DEMONBREUN STREET SUITE 1000

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92392

Amount of Each Disbursement this Period: 2587.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 96684.50

**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)  
**SAVE AMERICA**

**A. NEAL & HARWELL PLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1201 DEMONBREUN STREET  
SUITE 1000

City NASHVILLE State TN Zip Code 37203

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92989

Amount of Each Disbursement this Period: 10675.00

Memo Item

**B. NEW AGE CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1712 PIONEER AVE. SUITE 500

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92656

Amount of Each Disbursement this Period: 8333.33

Memo Item

**C. OCEAN POINT ADVISORS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 530-B HARKLE ROAD STE 100

City SANTA FE State NM Zip Code 87505

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92962

Amount of Each Disbursement this Period: 10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 29008.33

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. OCEAN POINT ADVISORS LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address 530-B HARKLE ROAD STE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92494</b> Amount of Each Disbursement this Period 10000.00
City SANTA FE	State NM	Zip Code 87505
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/Type [REDACTED]
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>B. PARLATORE LAW GROUP LLP</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address ONE WORLD TRADE CENTER SUITE 8500		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92981</b> Amount of Each Disbursement this Period 76984.34
City NEW YORK	State NY	Zip Code 10007
Purpose of Disbursement LEGAL CONSULTING		Category/Type [REDACTED]
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>C. PARSCALE STRATEGY LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 1512 E BROWARD STE #104B		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92651</b> Amount of Each Disbursement this Period 10000.00
City FORT LAUDERDALE	State FL	Zip Code 33301
Purpose of Disbursement DIGITAL CONSULTING		Category/Type [REDACTED]
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)..... ▶

96984.34

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. AMBROSINI, CHRISTOPHER, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 3681.43
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	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>B. BALL, LUKE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 3313.05
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	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>C. BOBB, CHRISTINA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b>	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period [REDACTED] 6025.53
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 13020.01
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BUDOWICH, TAYLOR, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 5368.22	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CENTINELLO, DARREN, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 5057.17	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. D'ANTUONO, HAYLEY, L, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 4075.02	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14500.41
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. DRISCOLL, MACKENZIE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL		Transaction ID : <b>SB21B.92903</b>
Candidate Name		Amount of Each Disbursement this Period 1063.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FAUPEL, MADISON, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL		Transaction ID : <b>SB21B.92903</b>
Candidate Name		Amount of Each Disbursement this Period 3717.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FINZER, MARY, C, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL		Transaction ID : <b>SB21B.92903</b>
Candidate Name		Amount of Each Disbursement this Period 3024.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7805.31
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HALLIGAN, LINDSEY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 7256.44
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement PAYROLL	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>B. HARP, NATALIE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 4658.23
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement PAYROLL	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>C. HARRIS, CHAMBERLAIN, R, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 3232.59
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement PAYROLL	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15147.26
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. HARRISON, WILLIAM, B, ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 4666.20

Memo Item

**B. KINGSBURY, KALINA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 2490.17

Memo Item

**C. LEICHTER, GRANT, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 883.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8039.61

**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)  
**SAVE AMERICA**

**A. MARTIN, MARGO, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 4800.63

Memo Item

**B. MILLER, JOANNA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 4088.65

Memo Item

**C. MILLER, STEPHEN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92903

Amount of Each Disbursement this Period: 4193.64

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13082.92

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. NAUTA, WALTINE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 5336.31	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PATTON, LYNNE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 4658.52	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PORTER, MADISON, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92903</b> Amount of Each Disbursement this Period 2756.30	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12751.13
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. SCAVINO, DANIEL, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED]	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : <b>SB21B.92903</b>
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	Amount of Each Disbursement this Period 5294.88
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>B. SHEW, ELIZABETH, K, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED]	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : <b>SB21B.92903</b>
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	Amount of Each Disbursement this Period 3843.63
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>C. THOMPSON, DESIREE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED]	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : <b>SB21B.92903</b>
Purpose of Disbursement PAYROLL		Category/Type [REDACTED]	Amount of Each Disbursement this Period 4943.01
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14081.52
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. THURSTON, ELIZA, C, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL		Transaction ID : <b>SB21B.92903</b>
Candidate Name		Amount of Each Disbursement this Period 4106.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VANHOOSIER, SAM, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>
City ARLINGTON	State VA	
Purpose of Disbursement PAYROLL		Transaction ID : <b>SB21B.92903</b>
Candidate Name		Amount of Each Disbursement this Period 883.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address 1450 CENTREPARK BLVD SUITE 150		FEC Identification Number <b>C</b>
City WEST PALM BEACH	State FL	
Purpose of Disbursement PAYROLL FEES		Transaction ID : <b>SB21B.92904</b>
Candidate Name		Amount of Each Disbursement this Period 167.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5156.57
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 1450 CENTREPARK BLVD  
SUITE 150

City WEST PALM BEACH

State FL

Zip Code 33401

Purpose of Disbursement  
PAYROLL TAXES AND WITHHOLDINGS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92904

Amount of Each Disbursement this Period

[REDACTED] 50661.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMBROSINI, CHRISTOPHER, , ,**

Mailing Address P.O. BOX 13570

City ARLINGTON

State VA

Zip Code 22219

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period

[REDACTED] 3681.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. BALL, LUKE, , ,**

Mailing Address P.O. BOX 13570

City ARLINGTON

State VA

Zip Code 22219

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period

[REDACTED] 3313.06

Memo Item

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

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

[REDACTED] 57656.39

[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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BOBB, CHRISTINA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 6025.52	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BUDOWICH, TAYLOR, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 5055.12	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CENTINELLO, DARREN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 5057.17	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

16137.81

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. D'ANTUONO, HAYLEY, L, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4075.02	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DRISCOLL, MACKENZIE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 1063.23	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. FAUPEL, MADISON, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 3717.85	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8856.10
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. FINZER, MARY, C, ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 3650.45

Memo Item

**B. HALLIGAN, LINDSEY, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 7256.44

Memo Item

**C. HARP, NATALIE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 4658.22

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15565.11

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HARRIS, CHAMBERLAIN, R, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [REDACTED] 3232.58	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HARRISON, WILLIAM, B, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [REDACTED] 4557.69	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. LEICHTER, GRANT, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [REDACTED] 1063.22	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 8853.49
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MARTIN, MARGO, M, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4800.61	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MILLER, JOANNA, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4088.64	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MILLER, STEPHEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4193.65	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13082.90
<b>TOTAL</b> 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)  
**SAVE AMERICA**

**A. NAUTA, WALTINE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 5227.80

Memo Item

**B. PATTON, LYNNE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 4658.52

Memo Item

**C. PORTER, MADISON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92606

Amount of Each Disbursement this Period: 2756.31

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12642.63

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. SCAVINO, DANIEL, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4915.14	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. SHEW, ELIZABETH, K, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 3843.63	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. THOMPSON, DESIREE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period 4943.03	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13701.80
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. THURSTON, ELIZA, C, ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [ ] 4437.72	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. VANHOOSIER, SAM, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [ ] 973.23	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022	
Mailing Address 1450 CENTREPARK BLVD SUITE 150		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92606</b> Amount of Each Disbursement this Period [ ] 52078.20	
City WEST PALM BEACH	State FL	Zip Code 33401	Category/ Type [ ]
Purpose of Disbursement PAYROLL TAXES AND WITHHOLDINGS		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 57489.15
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. PAYCHEX**

Date of Disbursement: MM / DD / YYYY  
10 / 31 / 2022

Mailing Address: 1450 CENTREPARK BLVD  
SUITE 150

City: WEST PALM BEACH      State: FL      Zip Code: 33401

Purpose of Disbursement: PAYROLL FEES

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
**Transaction ID : SB21B.92606**  
Amount of Each Disbursement this Period: 145.40

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PERICLES LLC**

Date of Disbursement: MM / DD / YYYY  
11 / 02 / 2022

Mailing Address: 1150 4TH ST SW APT 1002

City: WASHINGTON      State: DC      Zip Code: 20024

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING & TRAVEL EXPENSES

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
**Transaction ID : SB21B.92653**  
Amount of Each Disbursement this Period: 22288.92

Memo Item

Full Name (Last, First, Middle Initial)  
**C. PERICLES LLC**

Date of Disbursement: MM / DD / YYYY  
10 / 20 / 2022

Mailing Address: 1150 4TH ST SW APT 1002

City: WASHINGTON      State: DC      Zip Code: 20024

Purpose of Disbursement: COMMUNICATIONS/POLITICAL STRATEGY CONSULTING & TRAVEL EXPENSES

Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
**Transaction ID : SB21B.92286**  
Amount of Each Disbursement this Period: 21336.09

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 43770.41

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. RAPID LOOP CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 405 S. DALE MABRY HIGHWAY SUITE 351		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92758</b> Amount of Each Disbursement this Period 10000.00
City TAMPA	State FL	Zip Code 33629
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 138 CONANT ST STE 201		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92666</b> Amount of Each Disbursement this Period 25000.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 138 CONANT ST STE 201		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92666</b> Amount of Each Disbursement this Period 25053.96
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement DATA PROCESSING SERVICES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60053.96
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 138 CONANT ST STE 201		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92774</b> Amount of Each Disbursement this Period [ ] 71.37
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement POSTAGE		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 138 CONANT ST STE 201		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92299</b> Amount of Each Disbursement this Period [ ] 28939.17
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement DATA PROCESSING SERVICES		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RELX INC. DBA LEXISNEXIS</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address P.O. BOX 9584		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92757</b> Amount of Each Disbursement this Period [ ] 2817.00
City NEW YORK	State NY	Zip Code 10087
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

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

31827.54

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. RICHARD M. BORCHARD REGIONAL FAIRGROUNDS</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address 1213 TERRY SHAMISE BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92983</b>
City ROBSTOWN	State TX	Zip Code 78380
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period [REDACTED] 1832.50
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:		

Full Name (Last, First, Middle Initial) <b>B. RICHARD M. BORCHARD REGIONAL FAIRGROUNDS</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 1213 TERRY SHAMISE BLVD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92369</b>
City ROBSTOWN	State TX	Zip Code 78380
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period [REDACTED] 13000.00
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:		

Full Name (Last, First, Middle Initial) <b>C. RIGHT AIM MEDIA LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 405 S. DALE MABRY HIGHWAY SUITE 351		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92388</b>
City TAMPA	State FL	Zip Code 33629
Purpose of Disbursement SMS ADVERTISING		Amount of Each Disbursement this Period [REDACTED] 22157.71
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 36990.21
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. RIGHT COAST STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 631 A1A NORTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92990</b> Amount of Each Disbursement this Period 5701.36
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RIGHT COAST STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 631 A1A NORTH		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92647</b> Amount of Each Disbursement this Period 3259.32
City PONTE VEDRA BEACH	State FL	Zip Code 32082
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RIGHT SIDE BROADCASTING NETWORK LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 1550 OPELIKA RD STE 6 BOX 344		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.9292t</b> Amount of Each Disbursement this Period 8000.00
City AUBURN	State AL	Zip Code 36830
Purpose of Disbursement EVENT EXPENSE: BROADCASTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16960.68
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. SILVERMAN THOMPSON SLUTKIN &amp; WHITE LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 400 EAST PRATT STREET SUITE 900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92437</b> Amount of Each Disbursement this Period 184138.48
City BALTIMORE	State MD	Zip Code 21202
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SILVERMAN THOMPSON SLUTKIN &amp; WHITE LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 400 EAST PRATT STREET SUITE 900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92899</b> Amount of Each Disbursement this Period 239407.75
City BALTIMORE	State MD	Zip Code 21202
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SILVERMAN THOMPSON SLUTKIN &amp; WHITE LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 400 EAST PRATT STREET SUITE 900		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92275</b> Amount of Each Disbursement this Period 151745.02
City BALTIMORE	State MD	Zip Code 21202
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	575291.25
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. SQUIRE PATTON BOGGS (US) LLP**

Mailing Address 1201 W. PEACHTREE STREET NW  
SUITE 3150

City ATLANTA State GA Zip Code 30309

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92897

Amount of Each Disbursement this Period: 13782.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TECHCENTRICS INC**

Mailing Address 1217 LARONDE CT

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement IT SERVICES OFFICE EQUIPMENT & TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92510

Amount of Each Disbursement this Period: 64858.76

Memo Item

Full Name (Last, First, Middle Initial)  
**C. TECHCENTRICS INC**

Mailing Address 1217 LARONDE CT

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement IT SERVICES OFFICE EQUIPMENT & TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 14126.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 92767.41

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. TECHCENTRICS INC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 1217 LARONDE CT		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92292</b> Amount of Each Disbursement this Period 21434.07
City ALEXANDRIA	State VA	Zip Code 22307
Purpose of Disbursement IT SERVICES OFFICE EQUIPMENT & TRAVEL EXPENSES		Category/Type [REDACTED]
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>B. TMONE LLC DBA MASS MARKETS</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 2937 SIERRA CT SW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92828</b> Amount of Each Disbursement this Period 32796.21
City IOWA CITY	State IA	Zip Code 55240
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		Category/Type [REDACTED]
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>C. TMONE LLC DBA MASS MARKETS</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address 2937 SIERRA CT SW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92982</b> Amount of Each Disbursement this Period 13674.15
City IOWA CITY	State IA	Zip Code 55240
Purpose of Disbursement TELEMARKETING & DATA MANAGEMENT SERVICES		Category/Type [REDACTED]
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)..... ▶

67904.43

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. TRISHUL LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022
Mailing Address 919 FLORIDA AVE NW SUITE 101		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92618</b> Amount of Each Disbursement this Period 17065.16
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TRUMP HOTEL COLLECTION</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 725 FIFTH AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92578</b> Amount of Each Disbursement this Period 533.03
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement CATERING SERVICES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TRUSTPOINT.ONE</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address PO BOX 532292		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92517</b> Amount of Each Disbursement this Period 1761.61
City ATLANTA	State GA	Zip Code 30353
Purpose of Disbursement LEGAL CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

19359.80

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. GRUEBEL, LEANE, M, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address 525 S. RIDGEWOOD AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92933</b>
City ORMOND BEACH	State FL	Zip Code 32174
Purpose of Disbursement SUPPORTER GIFT		Amount of Each Disbursement this Period 10000.00
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) <b>B. MARTIN, LINDA, S, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address 2804 36TH AVENUE TERRACE EAST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92933</b>
City BRADENTON	State FL	Zip Code 34208
Purpose of Disbursement SUPPORTER GIFT		Amount of Each Disbursement this Period 10000.00
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) <b>C. BALL, LUKE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92995</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED		Amount of Each Disbursement this Period 5727.11
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25727.11
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BALL, LUKE, , ,**

Mailing Address P.O. BOX 13570

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
ADVANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2022			

FEC Identification Number

**C**

**Transaction ID : SB21B.92995**

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BEST BUY**

Mailing Address 7601 PENN AVENUE S

City  
MINNEAPOLIS

State  
MN

Zip Code  
55423

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2022			

FEC Identification Number

**C**

**Transaction ID : SB21B.92995**

Amount of Each Disbursement this Period

601.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. BEST BUY**

Mailing Address 7601 PENN AVENUE S

City  
MINNEAPOLIS

State  
MN

Zip Code  
55423

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2022			

FEC Identification Number

**C**

**Transaction ID : SB21B.92995**

Amount of Each Disbursement this Period

130.51

Memo Item

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

0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. BEST BUY**

Mailing Address **7601 PENN AVENUE S**

City **MINNEAPOLIS** State **MN** Zip Code **55423**

Purpose of Disbursement  
**OFFICE EQUIPMENT**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **MM / DD / YYYY**  
**11 / 14 / 2022**

FEC Identification Number  
**C**  
**Transaction ID : SB21B.92995**  
Amount of Each Disbursement this Period  
**64.18**

Memo Item

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

Mailing Address **401 BROADWAY STE 1600**

City **NEW YORK** State **NY** Zip Code **10013**

Purpose of Disbursement  
**EMAIL MARKETING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **MM / DD / YYYY**  
**11 / 23 / 2022**

FEC Identification Number  
**C**  
**Transaction ID : SB21B.92995**  
Amount of Each Disbursement this Period  
**100.23**

Memo Item

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

Mailing Address **401 BROADWAY STE 1600**

City **NEW YORK** State **NY** Zip Code **10013**

Purpose of Disbursement  
**EMAIL MARKETING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **MM / DD / YYYY**  
**11 / 21 / 2022**

FEC Identification Number  
**C**  
**Transaction ID : SB21B.92995**  
Amount of Each Disbursement this Period  
**305.90**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **0.00**

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. UBER**

Date of Disbursement: MM / DD / YYYY  
10 / 22 / 2022

Mailing Address: 1455 MARKET STREET #400

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
52.70

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
10 / 22 / 2022

Mailing Address: 5959 LAS COLINAS BOULEVARD

City: IRVING State: TX Zip Code: 75039

Purpose of Disbursement: TRAVEL: FUEL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
45.69

Memo Item

Full Name (Last, First, Middle Initial)  
**C. NATIONAL CAR RENTAL**

Date of Disbursement: MM / DD / YYYY  
10 / 22 / 2022

Mailing Address: 8420 ST. JOHN INDUSTRIAL DRIVE

City: ST. LOUIS State: MO Zip Code: 63114

Purpose of Disbursement: TRAVEL: CAR RENTAL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
368.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. UBER**

Date of Disbursement: MM / DD / YYYY  
10 / 22 / 2022

Mailing Address: 1455 MARKET STREET #400

City: SAN FRANCISCO State: CA Zip Code: 94103

Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: 82.82

Memo Item

Full Name (Last, First, Middle Initial)  
**B. NATIONAL CAR RENTAL**

Date of Disbursement: MM / DD / YYYY  
11 / 15 / 2022

Mailing Address: 8420 ST. JOHN INDUSTRIAL DRIVE

City: ST. LOUIS State: MO Zip Code: 63114

Purpose of Disbursement: TRAVEL: CAR RENTAL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: 245.81

Memo Item

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Date of Disbursement: MM / DD / YYYY  
11 / 08 / 2022

Mailing Address: 4333 AMON CARTER BLVD

City: FORT WORTH State: TX Zip Code: 76155

Purpose of Disbursement: TRAVEL: AIR

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period: 433.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. NATIONAL CAR RENTAL**

Full Name (Last, First, Middle Initial)

Mailing Address 8420 ST. JOHN INDUSTRIAL DRIVE

City ST.LOUIS State MO Zip Code 63114

Purpose of Disbursement TRAVEK: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92995

Amount of Each Disbursement this Period: 260.44

Memo Item

**B. DELTA AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92995

Amount of Each Disbursement this Period: 30.00

Memo Item

**C. NATIONAL CAR RENTAL**

Full Name (Last, First, Middle Initial)

Mailing Address 8420 ST. JOHN INDUSTRIAL DRIVE

City ST.LOUIS State MO Zip Code 63114

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92995

Amount of Each Disbursement this Period: 549.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. RONALD REAGAN WASHINGTON INTERNATIONAL AIRPORT**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1 AVIATION CIR

M M M	/	D D D	/	Y Y Y Y Y
10		08		2022

City  
ARLINGTON

State  
VA

Zip Code  
22202

FEC Identification Number

Purpose of Disbursement  
PARKING SERVICES

C
---

Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

189.00
--------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4333 AMON CARTER BLVD

M M M	/	D D D	/	Y Y Y Y Y
11		08		2022

City  
FORT WORTH

State  
TX

Zip Code  
76155

FEC Identification Number

Purpose of Disbursement  
TRAVEL: AIR

C
---

Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

40.00
-------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**C. MARRIOTT INTERNATIONAL**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 10400 FERNWOOD RD

M M M	/	D D D	/	Y Y Y Y Y
11		08		2022

City  
BETHESDA

State  
MD

Zip Code  
20817

FEC Identification Number

Purpose of Disbursement  
TRAVEL: LODGING

C
---

Transaction ID : **SB21B.92995**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1423.80
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

0.00
------

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

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**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. RONALD REAGAN WASHINGTON INTERNATIONAL AIRPORT**

Mailing Address 1 AVIATION CIR

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92995

Amount of Each Disbursement this Period: 54.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BOBB, CHRISTINA, , ,**

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92915

Amount of Each Disbursement this Period: 3459.65

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BOBB, CHRISTINA, , ,**

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement ADVANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92915

Amount of Each Disbursement this Period: 525.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3459.65

**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)  
**SAVE AMERICA**

**A. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92915

Amount of Each Disbursement this Period: 833.70

Memo Item

**B. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 910 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92915

Amount of Each Disbursement this Period: 33.09

Memo Item

**C. ENTERPRISE RENT A CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 04 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92915

Amount of Each Disbursement this Period: 537.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. TOWNSEND HOTEL</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2022
Mailing Address 100 TOWNSEND ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92915</b> Amount of Each Disbursement this Period [ ] 1339.57
City BIRMINGHAM	State MI	Zip Code 48009
Purpose of Disbursement TRAVEL LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BOBB, CHRISTINA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92963</b> Amount of Each Disbursement this Period [ ] 2014.83
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED		Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BOBB, CHRISTINA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92963</b> Amount of Each Disbursement this Period [ ] 225.00
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement ADVANCE CONSULTING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2014.83
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 12 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92963  
Amount of Each Disbursement this Period  
1057.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ RENTAL CAR**

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement  
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 15 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92963  
Amount of Each Disbursement this Period  
292.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE MCCORMICK SCOTTSDALE**

Mailing Address 7421 N SCOTTSDALE RD

City SCOTTSDALE State AZ Zip Code 85253

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
11 / 15 / 2022

FEC Identification Number

C  
Transaction ID : SB21B.92963  
Amount of Each Disbursement this Period  
400.82

Memo Item

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

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

0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. BOYLE, DANIEL, T, ,</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022	
Mailing Address 3229 HESTER DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92681</b> Amount of Each Disbursement this Period 8000.00	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type
Purpose of Disbursement STRATEGY CONSULTING		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>B. D'ANTUONO, HAYLEY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.93017</b> Amount of Each Disbursement this Period 357.42	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED		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>C. D'ANTUONO, HAYLEY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.93017</b> Amount of Each Disbursement this Period 300.00	
City ARLINGTON	State VA	Zip Code 22219	Category/ Type
Purpose of Disbursement ADVANCE CONSULTING		Memo Item <input checked="" 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)..... ▶

8357.42

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HALLIGAN, LINDSEY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022	
Mailing Address P.O. BOX 13570		FEC Identification Number <b>C</b>	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : <b>SB21B.92480</b>
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED		Category/Type	Amount of Each Disbursement this Period 2809.78
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:			

Full Name (Last, First, Middle Initial) <b>B. EXPEDIA</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022	
Mailing Address 333 108TH AVENUE		FEC Identification Number <b>C</b>	
City BELLEVUE	State WA	Zip Code 98004	Transaction ID : <b>SB21B.92480</b>
Purpose of Disbursement TRAVEL: AIR		Category/Type	Amount of Each Disbursement this Period 237.20
Candidate Name			<input checked="" 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:			

Full Name (Last, First, Middle Initial) <b>C. INTERCONTINENTAL HOTELS GROUP</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2022	
Mailing Address 3 RAVINIA DR STE 100		FEC Identification Number <b>C</b>	
City ATLANTA	State GA	Zip Code 30346	Transaction ID : <b>SB21B.92480</b>
Purpose of Disbursement TRAVEL: LODGING		Category/Type	Amount of Each Disbursement this Period 2572.58
Candidate Name			<input checked="" 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:			

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

2809.78

**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)  
**SAVE AMERICA**

**A. HARRIS, CHAMBERLAIN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92938

Amount of Each Disbursement this Period: 501.39

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92938

Amount of Each Disbursement this Period: 400.00

Memo Item

**C. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET STREET #400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92938

Amount of Each Disbursement this Period: 101.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 501.39

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. JUNGERMANN, DAMIAN, , ,**

Date of Disbursement:  /  /

Mailing Address **3219 OLD BARN RD. E**

City **PONTE VEDRA BEACH** State **FL** Zip Code **32082**

Purpose of Disbursement **STRATEGY CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number **C**

**Transaction ID : SB21B.92962**

Amount of Each Disbursement this Period **3750.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SCAVINO, DANIEL, , ,**

Date of Disbursement:  /  /

Mailing Address **P.O. BOX 13570**

City **ARLINGTON** State **VA** Zip Code **22219**

Purpose of Disbursement **TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number **C**

**Transaction ID : SB21B.92938**

Amount of Each Disbursement this Period **7720.49**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SCAVINO, DANIEL, , ,**

Date of Disbursement:  /  /

Mailing Address **P.O. BOX 13570**

City **ARLINGTON** State **VA** Zip Code **22219**

Purpose of Disbursement **ADVANCE CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number **C**

**Transaction ID : SB21B.92938**

Amount of Each Disbursement this Period **1050.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **11470.49**

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. WESTCHESTER COUNTY AIRPORT**

Mailing Address 240 AIRPORT RD

City WHITE PLAINS State NY Zip Code 10604

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 23 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92938  
Amount of Each Disbursement this Period: 210.00

Memo Item

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

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 15 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92938  
Amount of Each Disbursement this Period: 458.65

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ENTERPRISE RENT A CAR**

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 16 / 2022

FEC Identification Number: C  
Transaction ID : SB21B.92938  
Amount of Each Disbursement this Period: 549.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. SIXT RENT A CAR**

Mailing Address 1501 NW 49TH ST STE 100

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33309

Purpose of Disbursement  
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92938**  
Amount of Each Disbursement this Period  
804.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRLINES**

Mailing Address 27-01 QUEENS PLZ N

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92938**  
Amount of Each Disbursement this Period  
504.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTA

State  
GA

Zip Code  
30354

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2022

FEC Identification Number

C  
**Transaction ID : SB21B.92938**  
Amount of Each Disbursement this Period  
394.60

Memo Item

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

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

0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT A CAR</b>		Date of Disbursement MM / DD / YYYY 04 / 28 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period [ ] 901.75
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: CAR RENTAL		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. JETBLUE AIRLINES</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2022
Mailing Address 27-01 QUEENS PLZ N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period [ ] 331.89
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement TRAVEL: AIR		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. EAU PALM BEACH RESORT</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2022
Mailing Address 600 CORPORATE PARK DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period [ ] 1468.10
City ST LOUIS	State MO	Zip Code 63105
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2022
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period [REDACTED] 565.85
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WESTCHESTER COUNTY AIRPORT</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2022
Mailing Address 240 AIRPORT RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92938</b> Amount of Each Disbursement this Period [REDACTED] 240.00
City WHITE PLAINS	State NY	Zip Code 10604
Purpose of Disbursement PARKING SERVICES		Category/ Type [REDACTED]
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SHEW, ELIZABETH, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address P.O. BOX 13570		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92511</b> Amount of Each Disbursement this Period [REDACTED] 1037.56
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1037.56
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. SHEW, ELIZABETH, , ,**

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement ADVANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92511

Amount of Each Disbursement this Period: 300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. RONALD REAGAN WASHINGTON INTERNATIONAL AIRPORT**

Mailing Address 1 AVIATION CIR

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92511

Amount of Each Disbursement this Period: 108.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. GOGO AIR**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement TRAVEL: INTERNET

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 20 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92511

Amount of Each Disbursement this Period: 19.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. MARRIOTT INTERNATIONAL**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2022			

Mailing Address 10400 FERNWOOD RD

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.92511**  
Amount of Each Disbursement this Period

[ ] 610.56 [ ]

Memo Item

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
TRAVEL: LODGING

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)  
**B. SHEW, ELIZABETH, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2022			

Mailing Address P.O. BOX 13570

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.92953**  
Amount of Each Disbursement this Period

[ ] 3016.64 [ ]

Memo Item

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)  
**C. SHEW, ELIZABETH, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2022			

Mailing Address P.O. BOX 13570

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.92953**  
Amount of Each Disbursement this Period

[ ] 675.00 [ ]

Memo Item

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
ADVANCE CONSULTING

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 3016.64 [ ]

**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)  
**SAVE AMERICA**

**A. SHEW, ELIZABETH, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement TRAVEL: MILEAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 183.10

Memo Item

**B. RONALD REAGAN WASHINGTON INTERNATIONAL AIRPORT**

Full Name (Last, First, Middle Initial)

Mailing Address 1 AVIATION CIR

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 108.00

Memo Item

**C. ENTERPRISE RENT A CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 600 CORPORATE PARK DRIVE

City ST LOUIS State MO Zip Code 63105

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 271.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. MARRIOTT INTERNATIONAL**

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 693.94

Memo Item

**B. MARRIOTT INTERNATIONAL**

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 213.57

Memo Item

**C. HILTON**

Full Name (Last, First, Middle Initial)

Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 188.07

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

**A. HERTZ RENTAL CAR**

Full Name (Last, First, Middle Initial)

Mailing Address 225 BRAE BLVD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement TRAVEL: CAR RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 495.29

Memo Item

**B. RONALD REAGAN WASHINGTON INTERNATIONAL AIRPORT**

Full Name (Last, First, Middle Initial)

Mailing Address 1 AVIATION CIR

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 81.00

Memo Item

**C. SHELL**

Full Name (Last, First, Middle Initial)

Mailing Address 910 LOUISIANA STREET

City HOUSTON State TX Zip Code 77002

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92953

Amount of Each Disbursement this Period: 97.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. TRUSTPOINT.ONE</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address PO BOX 532292		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92895</b> Amount of Each Disbursement this Period [REDACTED] 3973.97
City ATLANTA	State GA	Zip Code 30353
Purpose of Disbursement LEGAL CONSULTING	Category/Type [REDACTED]	
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>B. UNITEDHEALTH GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022
Mailing Address PO BOX 1459		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92911</b> Amount of Each Disbursement this Period [REDACTED] 5826.58
City MINNEAPOLIS	State MN	Zip Code 55440
Purpose of Disbursement INSURANCE	Category/Type [REDACTED]	
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>C. VAN DER VEEN HARTSHORN AND LEVIN</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2022
Mailing Address 1219 SPRUCE ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92905</b> Amount of Each Disbursement this Period [REDACTED] 750000.00
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement LEGAL CONSULTING	Category/Type [REDACTED]	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 759800.55
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. JUNGERMANN, DAMIAN, , ,**

Date of Disbursement: MM / DD / YYYY  
10 / 27 / 2022

Mailing Address 3219 OLD BARN RD. E

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.92578  
Amount of Each Disbursement this Period: 7500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. VAN DER VEEN HARTSHORN AND LEVIN**

Date of Disbursement: MM / DD / YYYY  
10 / 31 / 2022

Mailing Address 1219 SPRUCE ST

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.92583  
Amount of Each Disbursement this Period: 170153.49

Memo Item

Full Name (Last, First, Middle Initial)  
**C. VAN DER VEEN HARTSHORN AND LEVIN**

Date of Disbursement: MM / DD / YYYY  
10 / 24 / 2022

Mailing Address 1219 SPRUCE ST

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.92475  
Amount of Each Disbursement this Period: 66587.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 244240.79

**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)  
**SAVE AMERICA**

**A. VAN DER VEEN HARTSHORN AND LEVIN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1219 SPRUCE ST

M M M	/	D D D	/	Y Y Y Y Y
10		21		2022

City  
PHILADELPHIA

State  
PA

Zip Code  
19107

FEC Identification Number

Purpose of Disbursement  
LEGAL CONSULTING

C
---

**Transaction ID : SB21B.92364**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

50000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**B. WEIR LAW GROUP LLC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6220 STEVENSON WAY

M M M	/	D D D	/	Y Y Y Y Y
10		20		2022

City  
LAS VEGAS

State  
NV

Zip Code  
89120

FEC Identification Number

Purpose of Disbursement  
LEGAL CONSULTING

C
---

**Transaction ID : SB21B.92374**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

500.00
--------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**C. WESTMORELAND AGRICULTURAL FAIR ASSOCIATION**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 501

M M M	/	D D D	/	Y Y Y Y Y
10		31		2022

City  
PLEASANT UNITY

State  
PA

Zip Code  
15676

FEC Identification Number

Purpose of Disbursement  
FACILITY RENTAL

C
---

**Transaction ID : SB21B.92624**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

20000.00
----------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

70500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92646</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period [ ] 15.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92613</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period [ ] 32.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [ ] <b>Transaction ID : SB21B.92696</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period [ ] 46.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 94.42
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92738</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 34.81	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92771</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 18.91	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92795</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 26.47	
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:	<input type="checkbox"/> Memo Item	

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

80.19

**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)  
**SAVE AMERICA**

**A. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92832

Amount of Each Disbursement this Period: 26.27

Memo Item

**B. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 10 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92864

Amount of Each Disbursement this Period: 95.17

Memo Item

**C. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 14 / 2022

FEC Identification Number: C

Transaction ID : SB21B.92886

Amount of Each Disbursement this Period: 8.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 130.28

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)  
**A. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 15 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.92912**

Amount of Each Disbursement this Period: 9.29

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 16 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.92935**

Amount of Each Disbursement this Period: 0.54

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 17 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.92956**

Amount of Each Disbursement this Period: 10.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20.25

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92970</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period [REDACTED] 1.21
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:		

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92983</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period [REDACTED] 4.43
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:		

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 22 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92996</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period [REDACTED] 11.06
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:		

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

[REDACTED] 16.70

**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)  
**SAVE AMERICA**

**A. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 23 / 2022

FEC Identification Number: C

Transaction ID : SB21B.93014

Amount of Each Disbursement this Period: 1.57

Memo Item

**B. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB21B.93033

Amount of Each Disbursement this Period: 6.03

Memo Item

**C. WINRED TECHNICAL SERVICES LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B.93044

Amount of Each Disbursement this Period: 25.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 33.22

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92405</b> Amount of Each Disbursement this Period 23.50
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92432</b> Amount of Each Disbursement this Period 43.56
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92456</b> Amount of Each Disbursement this Period 118.83
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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)..... ▶

185.89

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92456</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 8.47	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92478</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 29.58	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92504</b>
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 16.60	
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 54.65
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92541</b> Amount of Each Disbursement this Period 39.61
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92571</b> Amount of Each Disbursement this Period 13.07
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2022
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.92586</b> Amount of Each Disbursement this Period 11.06
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	63.74
<b>TOTAL</b> 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WRIGHT BROTHERS AERO LNC.**

Mailing Address 3700 MCCAULEY DR.

City  
VANDALIA

State  
OH

Zip Code  
45377

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2022			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.92480**

Amount of Each Disbursement this Period

[ ] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WRIGHT BROTHERS AERO LNC.**

Mailing Address 3700 MCCAULEY DR.

City  
VANDALIA

State  
OH

Zip Code  
45377

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2022			

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.92798**

Amount of Each Disbursement this Period

[ ] 8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C** [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 12000.00

[ ] 8617504.15

**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)  
**SAVE AMERICA**

**A. HUIZENGA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 254

City ZEELAND State MI Zip Code 49464

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name  
**HUIZENGA, WILLIAM, P, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MI District: 04

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: **C00459297**  
Transaction ID : **SB23.926929**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: **C00825851**  
Transaction ID : **SB23.927688**  
Amount of Each Disbursement this Period: 40000000.00

Memo Item

**C. MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
IN-KIND: PRODUCTION COST: DIGITAL AD

Candidate Name

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

State: District:

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: **C00825851**  
Transaction ID : **SB23.1**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 40005000.00

**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)  
**SAVE AMERICA**

**A. MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
IN-KIND: PRODUCTION COST: DIGITAL AD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C00825851  
**Transaction ID : SB23.2**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
IN-KIND: PRODUCTION COST: DIGITAL AD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2022

FEC Identification Number: C00825851  
**Transaction ID : SB23.3**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT STREET STE 202

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
IN-KIND: PRODUCTION COST: TEXT MESSAGE VIDEO AD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: C00825851  
**Transaction ID : SB23.4**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. MAKE AMERICA GREAT AGAIN INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022
Mailing Address C/O BULLDOG COMPLIANCE 138 CONANT STREET STE 202		FEC Identification Number C00825851 <b>Transaction ID : SB23.5</b> Amount of Each Disbursement this Period 750.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement IN-KIND: PRODUCTION COST: TEXT MESSAGE VIDEO AD		Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MAKE AMERICA GREAT AGAIN INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022
Mailing Address C/O BULLDOG COMPLIANCE 138 CONANT STREET STE 202		FEC Identification Number C00825851 <b>Transaction ID : SB23.6</b> Amount of Each Disbursement this Period 500.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement IN-KIND: PRODUCTION COST: TEXT MESSAGE VIDEO AD		Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MAKE AMERICA GREAT AGAIN INC.</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022
Mailing Address C/O BULLDOG COMPLIANCE 138 CONANT STREET STE 202		FEC Identification Number C00825851 <b>Transaction ID : SB23.7</b> Amount of Each Disbursement this Period 500.00
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement IN-KIND: PRODUCTION COST: TEXT MESSAGE VIDEO AD		Category/ Type
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:	<input checked="" type="checkbox"/> Memo Item	

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

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

0.00

# 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)  
**SAVE AMERICA**

**A. PA PAC AKA PATRIOT ACTION**

Full Name (Last, First, Middle Initial)

Mailing Address 712 H ST NE #706

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 08 / 2022

FEC Identification Number: C 00630830  
Transaction ID : SB23.928317

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40010000.00

**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 checked="" 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)  
**SAVE AMERICA**

Full Name (Last, First, Middle Initial) <b>A. GUGGINO, LINDA, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2022	
Mailing Address 27 PLYMOUTH AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.93050</b> Amount of Each Disbursement this Period [REDACTED] 0.20	
City MINEOLA	State NY	Zip Code 11501	Category/ Type [REDACTED]
Purpose of Disbursement CONTRIBUTION REFUND		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PURGET, STEPHANIE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2022	
Mailing Address 1308 SAN FIDEL LN		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.93049</b> Amount of Each Disbursement this Period [REDACTED] 0.35	
City EDMOND	State OK	Zip Code 73003	Category/ Type [REDACTED]
Purpose of Disbursement CONTRIBUTION REFUND		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SMITH, CINDY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2022	
Mailing Address 309 SMITH RD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB28A.92747</b> Amount of Each Disbursement this Period [REDACTED] 5.00	
City HALLS	State TN	Zip Code 38040	Category/ Type [REDACTED]
Purpose of Disbursement CONTRIBUTION REFUND		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[REDACTED] 5.55

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)  
**SAVE AMERICA**

**A. SOLORZANO, DIANA, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4725 SUNRISE RIDGE

City OCEANSIDE State CA Zip Code 92056

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB28A.92938

Amount of Each Disbursement this Period: 0.25

Memo Item

**B. VAN DENEND, GARY, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 133 NORTH 3RD STREET

City RIPLEY State OH Zip Code 45167

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB28A.92747

Amount of Each Disbursement this Period: 12.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12.25

**TOTAL** This Period (last page this line number only)..... ▶ 17.80

# 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)  
**SAVE AMERICA**

**A. FREE AND FAIR ARIZONA ELECTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 1520 BELLE VIEW BLVD #3438

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB29.925017

Amount of Each Disbursement this Period: 200000.00

Memo Item

**B. MICHIGANWORKS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 75650

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2022

FEC Identification Number: C

Transaction ID : SB29.925220

Amount of Each Disbursement this Period: 100000.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	300000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 183 OF 187
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GABRIEL STRATEGIES LLC</b>			Nature of Debt (Purpose): <b>STRATEGY CONSULTING &amp; TRAVEL EXPENSES</b>
Mailing Address <b>PO BOX 10</b>			
City <b>RUMSON</b>	State <b>NJ</b>	Zip Code <b>07760</b>	

Outstanding Balance Beginning This Period <b>16829.31</b>	<b>Transaction ID : SD10.920250</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>16829.31</b>	Outstanding Balance at Close of This Period <b>0.00</b>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ACUMEN SOLUTIONS GROUP LLC</b>			Nature of Debt (Purpose): <b>INSURANCE</b>
Mailing Address <b>600 BROADHOLLOW ROAD SUITE 200</b>			
City <b>MELVILLE</b>	State <b>NY</b>	Zip Code <b>11747</b>	

Outstanding Balance Beginning This Period <b>2500.00</b>	<b>Transaction ID : SD10.924162</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>2500.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BCVM SERVICES LLC</b>			Nature of Debt (Purpose): <b>RADIO ADVERTISING</b>
Mailing Address <b>1512 E BROWARD BLVD UNIT 104B</b>			
City <b>FORT LAUDERDALE</b>	State <b>FL</b>	Zip Code <b>33301</b>	

Outstanding Balance Beginning This Period <b>14700.00</b>	<b>Transaction ID : SD10.923878</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>14700.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 184 OF 187
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>EVENT STRATEGIES INC.</b>			Nature of Debt (Purpose): AUDIO VISUAL SERVICES EVENT STAGING EXPENSE & TRAVEL EXPENSES
Mailing Address 510 KING STREET SUITE 410			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="1012909.53"/>	Transaction ID : <b>SD10.923402</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1012909.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GEORGETOWN ADVISORY</b>			Nature of Debt (Purpose): STRATEGY CONSULTING
Mailing Address 414 SAYRE DR.			
City PRINCETON	State NJ	Zip Code 08540	

Outstanding Balance Beginning This Period <input type="text" value="30000.00"/>	Transaction ID : <b>SD10.923234</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ORENSTEIN, JAMES, , ,</b>			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 225 CADMAN PLAZA EAST			
City BROOKLYN	State NY	Zip Code 11201	

Outstanding Balance Beginning This Period <input type="text" value="13519.54"/>	Transaction ID : <b>SD10.921159</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13519.54"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="13519.54"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 185 OF 187
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO P.C.</b>			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address ONE FINANCIAL CENTER			
City BOSTON	State MA	Zip Code 02111	

Outstanding Balance Beginning This Period <input type="text" value="56943.00"/>	Transaction ID : SD10.924007	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="56943.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NEAL &amp; HARWELL PLC</b>			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1201 DEMONBREUN STREET SUITE 1000			
City NASHVILLE	State TN	Zip Code 37203	

Outstanding Balance Beginning This Period <input type="text" value="2587.50"/>	Transaction ID : SD10.923921	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2587.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PERICLES LLC</b>			Nature of Debt (Purpose): COMMUNICATIONS & POLITICAL STRATEGY CONSULTING & TRAVEL EXPENSES
Mailing Address 1150 4TH ST SW APT 1002			
City WASHINGTON	State DC	Zip Code 20024	

Outstanding Balance Beginning This Period <input type="text" value="21336.09"/>	Transaction ID : SD10.922861	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21336.09"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 186 OF 187
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED CURVE SOLUTIONS</b>			Nature of Debt (Purpose): DATA PROCESSING SERVICES
Mailing Address 138 CONANT ST STE 201			
City BEVERLY	State MA	Zip Code 01915	

Outstanding Balance Beginning This Period 28939.17	Transaction ID : SD10.923324	
Amount Incurred This Period 0.00	Payment This Period 28939.17	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RICHARD M. BORCHARD REGIONAL FAIRGROUNDS</b>			Nature of Debt (Purpose): FACILITY RENTAL
Mailing Address 1213 TERRY SHAMISE BLVD			
City ROBSTOWN	State TX	Zip Code 78380	

Outstanding Balance Beginning This Period 13000.00	Transaction ID : SD10.923693	
Amount Incurred This Period 0.00	Payment This Period 13000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RIGHT AIM MEDIA LLC</b>			Nature of Debt (Purpose): DIGITAL ADVERTISING
Mailing Address 405 S. DALE MABRY HIGHWAY STE 351			
City TAMPA	State FL	Zip Code 33629	

Outstanding Balance Beginning This Period 22157.71	Transaction ID : SD10.923856	
Amount Incurred This Period 0.00	Payment This Period 22157.71	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 187 OF 187
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**SAVE AMERICA**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SILVERMAN THOMPSON SLUTKIN &amp; WHITE LLC</b>			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 400 EAST PRATT STREET SUITE 900			
City BALTIMORE	State MD	Zip Code 21202	

Outstanding Balance Beginning This Period <input type="text" value="151745.02"/>	Transaction ID : SD10.922796	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="151745.02"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TECHCENTRICS INC</b>			Nature of Debt (Purpose): IT SERVICES OFFICE EQUIPMENT & TRAVEL EXPENSES
Mailing Address 1217 LARONDE CT			
City ALEXANDRIA	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period <input type="text" value="21434.07"/>	Transaction ID : SD10.922920	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="21434.07"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VAN DER VEEN HARTSHORN AND LEVIN</b>			Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address 1219 SPRUCE ST			
City PHILADELPHIA	State PA	Zip Code 19107	

Outstanding Balance Beginning This Period <input type="text" value="50000.00"/>	Transaction ID : SD10.923646	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="50000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="13519.54"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="13519.54"/>