

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

NO LABELS 2024

ADDRESS (number and street) PO BOX 65708 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C C00827543 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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

Signature of Treasurer RAWLINGS, MICHAEL, , , Date 04 / 15 / 2024

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

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NO LABELS 2024

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		1907227.08
(b) Cash on Hand at Beginning of Reporting Period.....	1907227.08	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1907227.08	1907227.08
7. Total Disbursements (from Line 31).....	1286089.42	1286089.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	621137.66	621137.66
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) .....	0.00	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

NO LABELS 2024

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1285839.42	1285839.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1285839.42	1285839.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1286089.42	1286089.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1286089.42	1286089.42

**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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 250.00	- 250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1285839.42	1285839.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1285839.42	1285839.42

**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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. BELL, JACKSON, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 218 MASON PLACE		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15314</b> Amount of Each Disbursement this Period 15206.50
City ABINGDON	State VA	
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		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. BLANK ROME LLP</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024
Mailing Address 1825 EYE ST NW		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15336</b> Amount of Each Disbursement this Period 3596.50
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL 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>C. BLANK ROME LLP</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 1825 EYE ST NW		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15336</b> Amount of Each Disbursement this Period 2027.50
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL 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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20830.50
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 138 CONANT ST STE 401			FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15337</b> Amount of Each Disbursement this Period 4500.00	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement COMPLIANCE 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. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 01 / 05 / 2024	
Mailing Address 138 CONANT ST STE 401			FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15338</b> Amount of Each Disbursement this Period 100.09	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY			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. BULLDOG COMPLIANCE</b>			Date of Disbursement MM / DD / YYYY 02 / 05 / 2024	
Mailing Address 138 CONANT ST STE 401			FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.15339</b> Amount of Each Disbursement this Period 127.97	
City BEVERLY	State MA	Zip Code 01915		
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY			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).....▶	4728.06
<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)  
**NO LABELS 2024**

**A. BULLDOG COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST  
STE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 05 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.15340**

Amount of Each Disbursement this Period  
1500.00

Memo Item

**B. BULLDOG COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST  
STE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.15341**

Amount of Each Disbursement this Period  
360.38

Memo Item

**C. BULLDOG COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT ST  
STE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2024

FEC Identification Number  
**C**

Transaction ID : **SB21B.15342**

Amount of Each Disbursement this Period  
3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4860.38

**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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>			Date of Disbursement MM / DD / YYYY 03 / 18 / 2024	
Mailing Address 1445-A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.15351</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>			Date of Disbursement MM / DD / YYYY 03 / 18 / 2024	
Mailing Address 1445-A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.15352</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>			Date of Disbursement MM / DD / YYYY 03 / 20 / 2024	
Mailing Address 1445-A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.15353</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 75.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2024
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C <b>Transaction ID : SB21B.15354</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEE		
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. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2024
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C <b>Transaction ID : SB21B.15355</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEE		
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. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C <b>Transaction ID : SB21B.15356</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement BANK FEE		
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).....▶	75.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15357</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [ ] 25.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15358</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [ ] 25.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COBBINS, RYAN, D., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2024
Mailing Address 2351 N. MARION ST.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15325</b>
City DENVER	State CO	Zip Code 80205
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period [ ] 10500.00
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 10550.00
<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)  
**NO LABELS 2024**

**A. COBBINS, RYAN, D., ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2351 N. MARION ST.

City DENVER State CO Zip Code 80205

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.15330  
Amount of Each Disbursement this Period: 10500.00

Memo Item

**B. COBBINS, RYAN, D., ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2351 N. MARION ST.

City DENVER State CO Zip Code 80205

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.15331  
Amount of Each Disbursement this Period: 10500.00

Memo Item

**C. CRIMSON TIGER LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 928 O STREET NW  
UNIT 1

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.1536t  
Amount of Each Disbursement this Period: 74000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 95000.00

**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)  
**NO LABELS 2024**

**A. CUNNINGHAM, JOE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 76 RADCLIFFE STREET

City CHARLESTON State SC Zip Code 29403

Purpose of Disbursement  
FIELD CONSULTING AND FIELD CONSULTING EXPENSES: OFFICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15316

Amount of Each Disbursement this Period: 33451.12

Memo Item

**B. CUNNINGHAM, JOE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 76 RADCLIFFE STREET

City CHARLESTON State SC Zip Code 29403

Purpose of Disbursement  
FIELD CONSULTING AND FIELD CONSULTING EXPENSES: OFFICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15317

Amount of Each Disbursement this Period: 18451.12

Memo Item

**C. DAVIDSON GROUP LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 20 S CHARLES ST  
STE 403 #1294

City BALTIMORE State MD Zip Code 21201

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  
02 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15362

Amount of Each Disbursement this Period: 46000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 97902.24

**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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. DAVIDSON GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2024
Mailing Address 20 S CHARLES ST STE 403 #1294		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15363</b>
City BALTIMORE	State MD	Zip Code 21201
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [ ] 25500.00
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) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>B. EDGE MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2024
Mailing Address 8445 WARNER DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15365</b>
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement DIGITAL CONSULTING		Amount of Each Disbursement this Period [ ] 10000.00
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) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>C. EDGE MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2024
Mailing Address 8445 WARNER DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15366</b>
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement DIGITAL CONSULTING		Amount of Each Disbursement this Period [ ] 60000.00
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) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 95500.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. EDGE MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2024
Mailing Address 8445 WARNER DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15367</b>
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Amount of Each Disbursement this Period [ ] 25000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. EDGE MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2024
Mailing Address 8445 WARNER DR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15368</b>
City CULVER CITY	State CA	Zip Code 90232
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Amount of Each Disbursement this Period [ ] 1650.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FLY UNIFIED, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2024
Mailing Address 680 MAIN STREET STE 1280		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15371</b>
City STAMFORD	State CT	Zip Code 06901
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Amount of Each Disbursement this Period [ ] 8500.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 35150.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. FLY UNIFIED, LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2024	
Mailing Address 680 MAIN STREET STE 1280			FEC Identification Number C [ ] <b>Transaction ID : SB21B.15371</b>	
City STAMFORD	State CT	Zip Code 06901	Amount of Each Disbursement this Period 12200.00	
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FLY UNIFIED, LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 15 / 2024	
Mailing Address 680 MAIN STREET STE 1280			FEC Identification Number C [ ] <b>Transaction ID : SB21B.15372</b>	
City STAMFORD	State CT	Zip Code 06901	Amount of Each Disbursement this Period 29500.00	
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FLY UNIFIED, LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 22 / 2024	
Mailing Address 680 MAIN STREET STE 1280			FEC Identification Number C [ ] <b>Transaction ID : SB21B.15373</b>	
City STAMFORD	State CT	Zip Code 06901	Amount of Each Disbursement this Period 17300.00	
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	59000.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. HOLLY PAGE LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2024
Mailing Address 3509 25TH STREET N		FEC Identification Number C <b>Transaction ID : SB21B.15375</b> Amount of Each Disbursement this Period 20000.00
City ARLINGTON	State VA	
Purpose of Disbursement FUNDRAISING 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. HOLLY PAGE LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2024
Mailing Address 3509 25TH STREET N		FEC Identification Number C <b>Transaction ID : SB21B.15376</b> Amount of Each Disbursement this Period 100000.00
City ARLINGTON	State VA	
Purpose of Disbursement FUNDRAISING 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>C. HOLLY PAGE LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2024
Mailing Address 3509 25TH STREET N		FEC Identification Number C <b>Transaction ID : SB21B.15377</b> Amount of Each Disbursement this Period 20000.00
City ARLINGTON	State VA	
Purpose of Disbursement FUNDRAISING 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	140000.00
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. HOLLY PAGE LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2024
Mailing Address 3509 25TH STREET N		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.15378</b> Amount of Each Disbursement this Period 20000.00
City ARLINGTON	State VA	
Purpose of Disbursement FUNDRAISING 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. KNUPP, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2024
Mailing Address 1300 ARMY NAVY DRIVE APT 816		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.15308</b> Amount of Each Disbursement this Period 15445.00
City ARLINGTON	State VA	
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		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. KNUPP, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2024
Mailing Address 1300 ARMY NAVY DRIVE APT 816		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.15308</b> Amount of Each Disbursement this Period 2443.90
City ARLINGTON	State VA	
Purpose of Disbursement FIELD CONSULTING EXPENSES: TRAVEL		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).....▶	37888.90
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. KNUPP, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2024
Mailing Address 1300 ARMY NAVY DRIVE APT 816		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15310</b> Amount of Each Disbursement this Period 10090.59
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		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. KNUPP, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2024
Mailing Address 1300 ARMY NAVY DRIVE APT 816		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15311</b> Amount of Each Disbursement this Period 10976.32
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		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. KNUPP, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 1300 ARMY NAVY DRIVE APT 816		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15312</b> Amount of Each Disbursement this Period 8333.00
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement FIELD 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).....▶	29399.91
<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)  
**NO LABELS 2024**

**A. LEATHERBERRY, LEVI, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 215 HILEMAN

City EUGENE State OR Zip Code 97404

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 05 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.15319

Amount of Each Disbursement this Period: 7000.00

Memo Item

**B. LEATHERBERRY, LEVI, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 215 HILEMAN

City EUGENE State OR Zip Code 97404

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.15320

Amount of Each Disbursement this Period: 7000.00

Memo Item

**C. LEATHERBERRY, LEVI, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 215 HILEMAN

City EUGENE State OR Zip Code 97404

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 18 / 2024

FEC Identification Number: C  
Transaction ID : SB21B.15321

Amount of Each Disbursement this Period: 7000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 21000.00

**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)  
**NO LABELS 2024**

**A. LEATHERBERRY, LEVI, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 215 HILEMAN

City EUGENE State OR Zip Code 97404

Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 22 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15322

Amount of Each Disbursement this Period: 7000.00

Memo Item

**B. MARINE LANE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 5TH AVENUE STE 509

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
PRINTING EXPENSE: BOOKLETS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15380

Amount of Each Disbursement this Period: 20517.11

Memo Item

**C. MARINE LANE**

Full Name (Last, First, Middle Initial)

Mailing Address 320 5TH AVENUE STE 509

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement  
PRINTING EXPENSE: BOOKS, BOOKLETS, AND PRESENTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15381

Amount of Each Disbursement this Period: 21073.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 48590.61

**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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. MARINE LANE</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2024
Mailing Address 320 5TH AVENUE STE 509		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15382</b>
City NEW YORK	State NY	Zip Code 10001
Purpose of Disbursement CREATIVE FEES: BRANDING AND DESIGN; PRINTING EXPENSE:		Amount of Each Disbursement this Period [REDACTED] 25474.76
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. NIXON PEABODY</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 799 9TH ST NW STE 500		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15384</b>
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period [REDACTED] 270337.96
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. NO LABELS</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2024
Mailing Address PO BOX 25397		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15303</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement REIMBURSEMENT: LEGAL CONSULTING		Amount of Each Disbursement this Period [REDACTED] 11090.75
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] 306903.47
<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)

**NO LABELS 2024**

Full Name (Last, First, Middle Initial)

### A. NO LABELS

Mailing Address PO BOX 25397

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
REIMBURSEMENT: STAFF SALARIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.15304**

Amount of Each Disbursement this Period

98640.74

Memo Item

Full Name (Last, First, Middle Initial)

### B. NO LABELS

Mailing Address PO BOX 25397

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
REIMBURSEMENT: VIDEO PRODUCTION (NON-IE RELATED)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.15305**

Amount of Each Disbursement this Period

18500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. THE WHITBY HOTEL

Mailing Address 79 CROSBY STREET

City  
NEW YORK

State  
NY

Zip Code  
10012

Purpose of Disbursement  
MEETING EXPENSE: LODGING AND FACILITIES RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.15386**

Amount of Each Disbursement this Period

23749.45

Memo Item

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

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

140890.19

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. TRESSLER, MOLLY, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2024
Mailing Address 8715 STATE HIGHWAY 71 APT 8106		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15324</b>
City AUSTIN	State TX	Zip Code 78735
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		Amount of Each Disbursement this Period 4101.98
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. TRESSLER, MOLLY, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2024
Mailing Address 8715 STATE HIGHWAY 71 APT 8106		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15325</b>
City AUSTIN	State TX	Zip Code 78735
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		Amount of Each Disbursement this Period 7642.83
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. TRESSLER, MOLLY, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2024
Mailing Address 8715 STATE HIGHWAY 71 APT 8106		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.15326</b>
City AUSTIN	State TX	Zip Code 78735
Purpose of Disbursement FIELD CONSULTING AND FIELD CONSULTING EXPENSES: TRAVEL		Amount of Each Disbursement this Period 7665.99
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19410.80
<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)  
**NO LABELS 2024**

Full Name (Last, First, Middle Initial) <b>A. TRESSLER, MOLLY, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2024
Mailing Address 8715 STATE HIGHWAY 71 APT 8106		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15327</b> Amount of Each Disbursement this Period 7000.00
City AUSTIN	State TX	Zip Code 78735
Purpose of Disbursement FIELD 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. UPRIGHT POSITION COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2024
Mailing Address 68315 VEGA RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15387</b> Amount of Each Disbursement this Period 15000.00
City CATHEDRAL CITY	State CA	Zip Code 92234
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		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. UPRIGHT POSITION COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2024
Mailing Address 68315 VEGA RD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.15388</b> Amount of Each Disbursement this Period 21900.00
City CATHEDRAL CITY	State CA	Zip Code 92234
Purpose of Disbursement PRODUCTION COSTS: VIDEO (NON-IE RELATED)		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).....▶	43900.00
<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)  
**NO LABELS 2024**

**A. UPRIGHT POSITION COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 68315 VEGA RD

City CATHEDRAL CITY State CA Zip Code 92234

Purpose of Disbursement  
PRODUCTION COSTS: VIDEO (NON-IE RELATED)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15389

Amount of Each Disbursement this Period: 53900.00

Memo Item

**B. UPRIGHT POSITION COMMUNICATIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 68315 VEGA RD

City CATHEDRAL CITY State CA Zip Code 92234

Purpose of Disbursement  
PRODUCTION COSTS: VIDEO (NON-IE RELATED)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.15390

Amount of Each Disbursement this Period: 20000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	73900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1285555.06

# 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)  
**NO LABELS 2024**

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

Mailing Address 4-10-10 MINAMIAZABU MINATO-KU

City TOKYO State ZZ Zip Code 99999

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
01 / 22 / 2024

FEC Identification Number  
C

Transaction ID : SB28A.15306

Amount of Each Disbursement this Period  
250.00

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**NO LABELS 2024**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NO LABELS</b>			Nature of Debt (Purpose): LEGAL CONSULTING: DEBTS INCURRED THIS PERIOD PAID 1/9/24
Mailing Address PO BOX 25397			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 11090.75	<b>Transaction ID : SD10.10281</b>	
Amount Incurred This Period 0.00	Payment This Period 11090.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NO LABELS</b>			Nature of Debt (Purpose): STAFF SALARIES: DEBTS INCURRED THIS PERIOD PAID 1/9/24
Mailing Address PO BOX 25397			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 98640.74	<b>Transaction ID : SD10.10279</b>	
Amount Incurred This Period 0.00	Payment This Period 98640.74	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NO LABELS</b>			Nature of Debt (Purpose): VIDEO PRODUCTION (NON-IE RELATED): DEBTS INCURRED THIS PERIOD PAID 1/9/24
Mailing Address PO BOX 25397			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 18500.00	<b>Transaction ID : SD10.10280</b>	
Amount Incurred This Period 0.00	Payment This Period 18500.00	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)..... ▶	0.00
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) ▶	