

**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

UPRIGHT PAC

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

BEVERLY

MA

01915

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00889782

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

YOUNG, JASON, , MR.,

Signature of Treasurer

YOUNG, JASON, , MR.,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UPRIGHT PAC

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		5185.07
(b) Cash on Hand at Beginning of Reporting Period.....	5185.07	
(c) Total Receipts (from Line 19)	4023.35	4023.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9208.42	9208.42
7. Total Disbursements (from Line 31)	7421.99	7421.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1786.43	1786.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UPRIGHT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2025

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2025

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).....	218.61	218.61
(ii) Unitemized	3538.04	3538.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3756.65	3756.65
(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)	3756.65	3756.65
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).....	266.70	266.70
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))	4023.35	4023.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4023.35	4023.35

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	7421.99	7421.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7421.99	7421.99
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7421.99	7421.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7421.99	7421.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3756.65	3756.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3756.65	3756.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7421.99	7421.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	266.70	266.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	7155.29	7155.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2025**Transaction ID : SA11AI.154035392**

Amount of Each Receipt this Period

1.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2025**Transaction ID : SA11AI.155332167**

Amount of Each Receipt this Period

1.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2025**Transaction ID : SA11AI.155794726**

Amount of Each Receipt this Period

1.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

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

FOR LINE NUMBER: PAGE 7 OF 43

(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)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2025**Transaction ID : SA11AI.153832826**

Amount of Each Receipt this Period

5.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2025**Transaction ID : SA11AI.154911265**

Amount of Each Receipt this Period

5.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Aggregate Year-to-Date ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2025**Transaction ID : SA11AI.155759037**

Amount of Each Receipt this Period

5.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 43
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

Transaction ID : SA11AI.150577017

Amount of Each Receipt this Period

7.87

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2025

Transaction ID : SA11AI.147907051

Amount of Each Receipt this Period

11.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2025

Transaction ID : SA11AI.154835597

Amount of Each Receipt this Period

19.47

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2025

Transaction ID : SA11AI.155700566

Amount of Each Receipt this Period

19.47

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 22 / 2025

Transaction ID : SA11AI.148352241

Amount of Each Receipt this Period

20.13

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025

Transaction ID : SA11AI.150658745

Amount of Each Receipt this Period

20.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2025**Transaction ID : SA11AI.154589306**

Amount of Each Receipt this Period

20.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2025**Transaction ID : SA11AI.155485265**

Amount of Each Receipt this Period

20.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2025**Transaction ID : SA11AI.154698196**

Amount of Each Receipt this Period

20.44

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2025**Transaction ID : SA11AI.154654635**

Amount of Each Receipt this Period

21.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2025**Transaction ID : SA11AI.156307818**

Amount of Each Receipt this Period

21.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2025**Transaction ID : SA11AI.155631255**

Amount of Each Receipt this Period

25.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : SA11AI.150610065

Amount of Each Receipt this Period

28.82

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2025

Transaction ID : SA11AI.153000556

Amount of Each Receipt this Period

28.82

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

Transaction ID : SA11AI.147971567

Amount of Each Receipt this Period

30.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2025**Transaction ID : SA11AI.147972453**

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : SA11AI.150728799**

Amount of Each Receipt this Period

30.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2025**Transaction ID : SA11AI.147876019**

Amount of Each Receipt this Period

36.92

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2025**Transaction ID : SA11AI.150401976**

Amount of Each Receipt this Period

37.53

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2025**Transaction ID : SA11AI.153621851**

Amount of Each Receipt this Period

39.68

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025**Transaction ID : SA11AI.156357803**

Amount of Each Receipt this Period

39.68

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2025D D / Y Y Y Y Y
24 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.148551071

Amount of Each Receipt this Period

42.30

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025D D / Y Y Y Y Y
27 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.152553017

Amount of Each Receipt this Period

50.44

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2025D D / Y Y Y Y Y
27 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.153582892

Amount of Each Receipt this Period

50.44

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2025**Transaction ID : SA11AI.153703867**

Amount of Each Receipt this Period

52.16

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2025**Transaction ID : SA11AI.150339400**

Amount of Each Receipt this Period

55.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2025**Transaction ID : SA11AI.152866303**

Amount of Each Receipt this Period

56.44

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : SA11AI.150497842**

Amount of Each Receipt this Period

56.63

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2025**Transaction ID : SA11AI.147938093**

Amount of Each Receipt this Period

59.13

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2025**Transaction ID : SA11AI.150302260**

Amount of Each Receipt this Period

60.12

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : SA11AI.154738316

Amount of Each Receipt this Period

64.92

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA11AI.156273632

Amount of Each Receipt this Period

72.96

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2025

Transaction ID : SA11AI.155571852

Amount of Each Receipt this Period

80.36

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2025**Transaction ID : SA11AI.149672142**

Amount of Each Receipt this Period

84.65

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2025**Transaction ID : SA11AI.155531766**

Amount of Each Receipt this Period

99.44

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2025**Transaction ID : SA11AI.154621891**

Amount of Each Receipt this Period

119.68

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2025**Transaction ID : SA11AI.149391287**

Amount of Each Receipt this Period

120.68

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2025**Transaction ID : SA11AI.155658083**

Amount of Each Receipt this Period

162.35

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2025**Transaction ID : SA11AI.155658125**

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

31.23

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 43
(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

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)

UPRIGHT PAC

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

A. 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 ▼

3519.15

Date of Receipt

06

30

2025

Transaction ID : SA11AI.156424061

Amount of Each Receipt this Period

167.32

☒ Memo Item

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

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

B. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURG

State
PA

Zip Code
15601

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 ▼

218.61

Date of Receipt

06

29

2025

Transaction ID : SA11AI.156424108

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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 ▼

3519.15

Date of Receipt

03

26

2025

Transaction ID : SA11AI.153540169

Amount of Each Receipt this Period

181.40

☒ Memo Item

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

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

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

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2025**Transaction ID : SA11AI.154781069**

Amount of Each Receipt this Period

187.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC 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 ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2025**Transaction ID : SA11AI.154781441**

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : SA11AI.152507234**

Amount of Each Receipt this Period

194.60

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

31.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2025**Transaction ID : SA11Al.153782676**

Amount of Each Receipt this Period

293.74

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

B. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC 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 ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2025**Transaction ID : SA11Al.153782692**

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2025**Transaction ID : SA11Al.152699729**

Amount of Each Receipt this Period

332.57

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

31.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UPRIGHT PAC

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

A. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : SA11AI.152699750

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC 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 ▼

3519.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2025

Transaction ID : SA11AI.150369896

Amount of Each Receipt this Period

357.60

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

C. MANCHAS, LAWRENCE, , ,

Mailing Address 1715 POPLAR ST

City
GREENSBURGState
PAZip Code
15601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2025

Transaction ID : SA11AI.150369908

Amount of Each Receipt this Period

31.23

☐ Memo Item

EARMARKED THROUGH WINRED

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

62.46

218.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 43
(check only one)

<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)

UPRIGHT PAC

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

A. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN.

City
MOHNTONState
PAZip Code
19540FEC 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 ▼

266.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2025

Transaction ID : SA15.150370861

Amount of Each Receipt this Period

0.93

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN.

City
MOHNTONState
PAZip Code
19540FEC 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 ▼

266.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : SA15.152507236

Amount of Each Receipt this Period

18.21

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN.

City
MOHNTONState
PAZip Code
19540FEC 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 ▼

266.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2025

Transaction ID : SA15.147775133

Amount of Each Receipt this Period

247.56

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

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

266.70

266.70

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

PAGE 26 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. AMBUUL, DANIEL, , ,

Mailing Address ADDRESS REQUESTED

City
ADDRESS REQUESTEDState
ZZZip Code
99999

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10771

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMBUUL, DANIEL, , ,

Mailing Address ADDRESS REQUESTED

City
ADDRESS REQUESTEDState
ZZZip Code
99999

Purpose of Disbursement

POLITICAL STRATEGY CONSULTING

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10771

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540

Purpose of Disbursement

FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10444

Amount of Each Disbursement this Period

9.36

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

4509.36

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

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

PAGE 27 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10444

Amount of Each Disbursement this Period

61.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10448

Amount of Each Disbursement this Period

1.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10448

Amount of Each Disbursement this Period

0.45

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

63.55

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

PAGE 28 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10449

Amount of Each Disbursement this Period

2.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10451

Amount of Each Disbursement this Period

1.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10467

Amount of Each Disbursement this Period

0.83

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

4.49

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

PAGE 29 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10472

Amount of Each Disbursement this Period

1.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10475

Amount of Each Disbursement this Period

4.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10477

Amount of Each Disbursement this Period

3.48

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

10.18

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

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<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B.10479

Amount of Each Disbursement this Period

 2.47☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.10481

Amount of Each Disbursement this Period

 2.52☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.10483

Amount of Each Disbursement this Period

 14.67☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 19.66

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

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<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10485

Amount of Each Disbursement this Period

1.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10492

Amount of Each Disbursement this Period

2.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10496

Amount of Each Disbursement this Period

0.45

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

4.32

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

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<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10498

Amount of Each Disbursement this Period

1.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10500

Amount of Each Disbursement this Period

0.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10502

Amount of Each Disbursement this Period

1.23

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

3.24

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

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<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10519

Amount of Each Disbursement this Period

39.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10522

Amount of Each Disbursement this Period

2.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10525

Amount of Each Disbursement this Period

45.31

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

86.90

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

PAGE 34 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10532

Amount of Each Disbursement this Period

2.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10538

Amount of Each Disbursement this Period

1.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B.10562

Amount of Each Disbursement this Period

7.45

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

10.95

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

PAGE 35 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B.10565**

Amount of Each Disbursement this Period

2.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B.10567**

Amount of Each Disbursement this Period

1.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10572**

Amount of Each Disbursement this Period

2.15

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

5.85

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

PAGE 36 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10586**

Amount of Each Disbursement this Period

12.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	5			

FEC Identification Number

C**Transaction ID : SB21B.10589**

Amount of Each Disbursement this Period

0.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	5			

FEC Identification Number

C**Transaction ID : SB21B.10593**

Amount of Each Disbursement this Period

0.04

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

12.30

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

PAGE 37 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

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SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10617

Amount of Each Disbursement this Period

0.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10619

Amount of Each Disbursement this Period

4.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8		2	0	5			

FEC Identification Number

C

Transaction ID : SB21B.10620

Amount of Each Disbursement this Period

0.87

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

6.62

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

PAGE 38 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10623

Amount of Each Disbursement this Period

0.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.10625

Amount of Each Disbursement this Period

2.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10628

Amount of Each Disbursement this Period

24.15

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

27.66

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

PAGE 39 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10632

Amount of Each Disbursement this Period

0.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10634

Amount of Each Disbursement this Period

0.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10656

Amount of Each Disbursement this Period

0.04

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

1.05

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

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<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10664**

Amount of Each Disbursement this Period

0.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B.10666**

Amount of Each Disbursement this Period

4.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10666**

Amount of Each Disbursement this Period

3.30

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

8.22

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

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<input checked="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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10670**

Amount of Each Disbursement this Period

1.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10672**

Amount of Each Disbursement this Period

6.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B.10677**

Amount of Each Disbursement this Period

0.80

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

8.50

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

PAGE 42 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B.10679**

Amount of Each Disbursement this Period

0.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10682**

Amount of Each Disbursement this Period

0.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.10711**

Amount of Each Disbursement this Period

34.25

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

34.50

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

PAGE 43 OF 43

<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)

UPRIGHT PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.10713

Amount of Each Disbursement this Period

0.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219

Purpose of Disbursement

MERCHANT FEES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B.10717

Amount of Each Disbursement this Period

1.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2.50

4819.85