

**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

FREEDOM & OPPORTUNITY FUND

ADDRESS (number and street)

PO BOX 1126

Check if different
than previously
reported. (ACC)

CARMEL

IN

46082

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00653147

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

BROGHAMER, KEVIN, , ,

Signature of Treasurer

BROGHAMER, KEVIN, , ,

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

FREEDOM & OPPORTUNITY FUNDReport Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		106128.54
(b) Cash on Hand at Beginning of Reporting Period.....	115081.72	
(c) Total Receipts (from Line 19)	14897.44	41701.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	129979.16	147830.41
7. Total Disbursements (from Line 31)	16698.00	34549.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113281.16	113281.16
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)	486069.24	



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

FREEDOM & OPPORTUNITY FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	14897.44	41701.87
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14897.44	41701.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14897.44	41701.87

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	16698.00	34549.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16698.00	34549.25
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)) ..	16698.00	34549.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16698.00	34549.25

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	16698.00	34549.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	16698.00	34549.25

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☐ 11a	☐ 11b	☐ 11c	☒ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

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

A. TEAM BRAUN - FEC

Mailing Address PO BOX 1126

City
CARMELState
INZip Code
46082-1126FEC ID number of contributing
federal political committee.

C C00909077

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41701.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

Transaction ID : SA12.155037

Amount of Each Receipt this Period

14897.44

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

B. ANDERSON, DREW, , DR.,

Mailing Address 4900 N CR 550 WEST

City
MUNCIEState
INZip Code
47304-8851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIFETIME SKIN CARE CENTERSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2026

Transaction ID : SA.154910.19.2614

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

C. BARRETT, BRYAN, T., MR.,

Mailing Address 7676 NORTH PENNSYLVANIA STREET

City
INDIANAPOLISState
INZip Code
46240-2804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARRETT AND STOKELYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2026

Transaction ID : SA.154920.19.2614

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

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

14897.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

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

A. BAUMGARDT, JAMES, R., MR.,

Mailing Address 7289 HUNT CLUB DR.

City
ZIONSVILLE

State
IN

Zip Code
46077-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2026

Transaction ID : SA.154911.19.2614

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

B. BELL, FREDERICK, L., MR.,

Mailing Address P.O. BOX 252

City
HUNTINGBURG

State
IN

Zip Code
47542-0252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOUCH OF GLASS

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 19 / 2026

Transaction ID : SA.154912.19.2614

Amount of Each Receipt this Period

600.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

C. BUTLER, CATHLEEN, , ,

Mailing Address 10460 E 640 S

City
HUDSON

State
IN

Zip Code
46747-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2026

Transaction ID : SA.154913.19.2614

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

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

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

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

A. DEHAVEN, JANE, E., ,

Mailing Address 3014 COVINGTON LAKE DRIVE

City
FORT WAYNE

State
IN

Zip Code
46804-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEHAVEN CHEVROLET

Occupation (for Individual)
CAR DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2026

Transaction ID : SA.154915.19.2614

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

B. JAMES, RICK, L., MR.,

Mailing Address P.O. BOX 606

City
AUBURN

State
IN

Zip Code
46706-0606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METAL TECHNOLOGIES INC

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 28 / 2026

Transaction ID : SA.154919.19.2614

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

C. KENNEDY, WILLIAM, P., MR.,

Mailing Address 5686 NORTH PENNSYLVANIA STREET

City
INDIANAPOLIS

State
IN

Zip Code
46220-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KENNEDY TANK AND MANUFACTURING CO

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2026

Transaction ID : SA.154961.19.2614

Amount of Each Receipt this Period

500.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

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

0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☐ 11a	☐ 11b	☐ 11c	☒ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

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

A. SCHROEDER, JOHN, C., MR.,

Mailing Address 1106 HARRELTON CT

City
EVANSVILLEState
INZip Code
47714-0702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WABASH PLASTICS, INCOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2026

Transaction ID : SA.154921.19.2614

Amount of Each Receipt this Period

2000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

B. YOUNG, ROBERT, D., MR.,

Mailing Address 2190 E. CANTERBURY COURT

City
MARTINSVILLEState
INZip Code
46151-5935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROBERT D YOUNG CONST. INC.Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2026

Transaction ID : SA.154914.19.2614

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

TRANSFER FROM TEAM BRAUN

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

0.00

14897.44

☒	21b	☐	22	☐	23	☐	26	☐	27
☐	28a	☐	28b	☐	28c	☐	29	☐	30b

FREEDOM & OPPORTUNITY FUND

1750.00

1650.00

M M / D D / Y Y Y Y
05 29 2026

1650.00

5050.00



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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

Full Name (Last, First, Middle Initial)

A. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City
NEWPORT

State
KY

Zip Code
41072

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 16 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2235

Amount of Each Disbursement this Period

[REDACTED] 1650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2222C

Amount of Each Disbursement this Period

[REDACTED] 250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City
TYSONS CORNER

State
VA

Zip Code
22182

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2230

Amount of Each Disbursement this Period

[REDACTED] 250.00

☐ Memo Item

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

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

[REDACTED] 2150.00

[REDACTED]

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

PAGE 12 OF 15

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD STE 400

City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

State: District:Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

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

FEC Identification Number

C

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

Transaction ID : SB21B.I2335

Amount of Each Disbursement this Period

											2	5

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEX POLITICA, PLLCMailing Address 7415 SOUTHWEST PARKWAY
BLDG 6, STE 500City
AUSTINState
TXZip Code
78735Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

State: District:Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	6	

FEC Identification Number

C

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

Transaction ID : SB21B.I22321

Amount of Each Disbursement this Period

											1	3

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEX POLITICA, PLLCMailing Address 7415 SOUTHWEST PARKWAY
BLDG 6, STE 500City
AUSTINState
TXZip Code
78735Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
TypeOffice Sought:

☐	House
☐	Senate
☐	President

State: District:Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	6	

FEC Identification Number

C

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

Transaction ID : SB21B.I2232

Amount of Each Disbursement this Period

											1	0

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

											2	6

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

PAGE 13 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

Full Name (Last, First, Middle Initial)

A. THE BOPP LAW FIRM

Mailing Address 1 SOUTH 6TH STREET

City
TERRE HAUTEState
INZip Code
47807Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	6		

FEC Identification Number

C**Transaction ID : SB21B.I2232**

Amount of Each Disbursement this Period

1535.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE DEPARTMENT OF THE TREASURY

Mailing Address 1500 PENNSYLVANIA AVENUE NORTHWEST

City
WASHINGTONState
DCZip Code
20220Purpose of Disbursement
TREASURY DISGORGEMENTS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.I22271**

Amount of Each Disbursement this Period

5350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ 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).....▶

6885.50

16698.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BRAUN, MIKE, , ,

Nature of Debt (Purpose):

LOAN

Mailing Address 505 MAIN ST

City
JASPERState
INZip Code
47546

Outstanding Balance Beginning This Period

250000.00

Transaction ID : X001

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BRAUN, MIKE, , ,

Nature of Debt (Purpose):

LOAN

Mailing Address 505 MAIN ST

City
JASPERState
INZip Code
47546

Outstanding Balance Beginning This Period

145000.00

Transaction ID : X002

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

145000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

I360 LLC

Nature of Debt (Purpose):

DATA MODELLING

Mailing Address PO BOX 37046

City
BALTIMOREState
MDZip Code
21297

Outstanding Balance Beginning This Period

3891.24

Transaction ID : X003

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3891.24

1) **SUBTOTALS** This Period This Page (optional)..... ►

398891.24

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FREEDOM & OPPORTUNITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JAMESTOWN ASSOCIATES

Nature of Debt (Purpose):

MANAGEMENT CONSULTING

Mailing Address 116 CRAIG RD

City

MANALAPAN

State

NJ

Zip Code

07726

Outstanding Balance Beginning This Period

75000.00

Transaction ID : X004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SCM ASSOCIATES

Nature of Debt (Purpose):

DIRECT MAILING

Mailing Address 45 MAIN STREET SUITE 211

City

PETERBOROUGH

State

NH

Zip Code

03458

Outstanding Balance Beginning This Period

12178.00

Transaction ID : X005

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12178.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

87178.00

2) **TOTALS** This Period (last page this line number only)..... ►

486069.24

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

486069.24