

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

3. IS THIS  
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

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

in the  
State of

ME

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 17 2024

through

M M M / D D D / Y Y Y Y Y Y  
11 25 2024

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

Type or Print Name of Treasurer

KOCH, TIMOTHY, A., ,

Signature of Treasurer

KOCH, TIMOTHY, A., ,

Date

M M M / D D D / Y Y Y Y Y Y  
12 04 2024

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

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

**WITH HONOR PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 17 2024

To:

M M / D D / Y Y Y Y  
11 25 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		67592.78
(b) Cash on Hand at Beginning of Reporting Period.....	14924.48	
(c) Total Receipts (from Line 19) .....	54400.00	446900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69324.48	514492.78
7. Total Disbursements (from Line 31) .....	45812.46	490980.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23512.02	23512.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WITH HONOR PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 17 2024

To:

M M / D D / Y Y Y Y  
11 25 2024**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

48950.00

350650.00

## (ii) Unitemized .....

450.00

1220.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

49400.00

351870.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

5000.00

85000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

54400.00

436870.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

30.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

10000.00

## 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)) .....

54400.00

446900.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

54400.00

446900.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4812.46	31580.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4812.46	31580.76
22. Transfers to Affiliated/Other Party Committees.....	19000.00	262000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	160000.00
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	5000.00
(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	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	16000.00	32400.00
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)) ..	45812.46	490980.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45812.46	490980.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54400.00	436870.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54400.00	431870.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4812.46	31580.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	30.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4812.46	31550.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. ALLRED-BENNETT, VICTORIA, , ,**Mailing Address 7117 E RANCHO VISTA DR  
UNIT 3011City  
SCOTTSDALEState  
AZZip Code  
85251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NICEOccupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2024

Transaction ID : SA11AI.8444

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. BEZOS, JACKLYN, , ,**Mailing Address 7742 NORTH KENDALL DRIVE  
#82City  
MIAMIState  
FLZip Code  
33156FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : SA11AI.8199

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BEZOS, MIGUEL, , ,**Mailing Address 24 ROY STREET  
#133City  
SEATTLEState  
WAZip Code  
98109FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. BLASHEK, JORDAN, , ,**

Mailing Address 2120 W 10TH ST

City  
AUSTINState  
TXZip Code  
78703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICA'S FRONTIER FUNDOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2024

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRUKARDT, RYAN, , ,**

Mailing Address 3109 NE 23RD CT

City

FORT LAUDERDALE

State

FL

Zip Code

33305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCKINSEY & CO.Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024

Transaction ID : SA11AI.8194

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BURKE, KEVIN, , ,**

Mailing Address 2259 COTTAGE GROVE AVE, SE

City

ATLANTA

State

GA

Zip Code

30317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATLANTA BELTLINE INC.Occupation (for Individual)  
LANDSCAPE ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2024

Transaction ID : SA11AI.8324

Amount of Each Receipt this Period

100.00

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

5600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. BURKE, KEVIN, , ,**

Mailing Address 2259 COTTAGE GROVE AVE, SE

City  
ATLANTAState  
GAZip Code  
30317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ATLANTA BELTLINE INC.Occupation (for Individual)  
LANDSCAPE ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2024

Transaction ID : SA11AI.8436

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. CAMPBELL, DONOVAN, , ,**

Mailing Address 939 IVY WALL DRIVE

City  
HOUSTONState  
TXZip Code  
77079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDBRIDGEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2024

Transaction ID : SA11AI.8332

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GRUNER, HARRY, , ,**

Mailing Address 10721 STEVENSON RD

City  
STEVENSONState  
COZip Code  
21153FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JMI EQUITYOccupation (for Individual)  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : SA11AI.8233

Amount of Each Receipt this Period

5000.00

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

10100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. HSU, JOHN, , ,**

Mailing Address 184 HIGHWOOD AVE.

City  
TENAFLYState  
NJZip Code  
07670FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTICE USAOccupation (for Individual)  
TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2024

Transaction ID : SA11AI.8204

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HYDE, BARBARA, , ,**Mailing Address 17 W PONTOTOC AVE  
SUITE 100City  
MEMPHISState  
TNZip Code  
38103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HYDE FAMILY FOUNDATIONOccupation (for Individual)  
CHAIR & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2024

Transaction ID : SA11AI.8306

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MARTIN, KEITH, D., ,**

Mailing Address 3 E KIRKE ST

City  
CHEVY CHASEState  
MDZip Code  
20815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTON ROSE FULBRIGHT US LLPOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2024

Transaction ID : SA11AI.8193

Amount of Each Receipt this Period

2500.00

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 24  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. MCCORMACK, MARY, , ,**

Mailing Address 228 SOUTH BEACH RD

City  
HOBE SOUNDState  
FLZip Code  
33555FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024

Transaction ID : SA11AI.8266

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCMASTER, HERBERT, , ,**

Mailing Address 2020 EAST BALBOA BLVD

City  
NEWPORT BEACHState  
CAZip Code  
92661FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STANFORD UNIVERSITYOccupation (for Individual)  
SENIOR FELLOW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : SA11AI.8196

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MONTERISI, FRANK, , ,**

Mailing Address 171 COGNEWAUGH RD

City  
COS COBState  
CTZip Code  
06807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RELATED COMPANIESOccupation (for Individual)  
REAL ESTATE

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  
11 / 22 / 2024

Transaction ID : SA11AI.8425

Amount of Each Receipt this Period

1000.00

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

7000.00

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

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. RAPPORT, TOM, , ,**

Mailing Address 566 N. TURNABOUT RD.

City  
ORANGEState  
CAZip Code  
92869FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2024

Transaction ID : SA11AI.8370

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SAHLMAN, WILLIAM, , ,**

Mailing Address 77 VILES STREET

City  
WESTONState  
MAZip Code  
02493FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HARVARD UNIVERSITYOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2024

Transaction ID : SA11AI.8427

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. WEST, NADJA, , ,**

Mailing Address 451 BAYFRONT PLACE

City  
NAPLESState  
FLZip Code  
34102FEC 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 ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period

2500.00

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

3250.00

48950.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 24  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

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

**A. EMPLOYEES OF PALANTIR TECHNOLOGIES INC. PAC**Mailing Address 1025 THOMAS JEFFERSON STREET NW  
SUITE 600City  
WASHINGTONState  
DCZip Code  
20007FEC ID number of contributing  
federal political committee.

C

C00498691

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2024

Transaction ID : SA11C.8206

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

5000.00

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

5000.00

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

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	0			2	3			2	0	2	4		

FEC Identification Number

**C** 

Transaction ID : SB21B.8197

Amount of Each Disbursement this Period

 19.55☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	0			2	3			2	0	2	4		

FEC Identification Number

**C** 

Transaction ID : SB21B.8198

Amount of Each Disbursement this Period

 385.90☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	0			2	5			2	0	2	4		

FEC Identification Number

**C** 

Transaction ID : SB21B.8209

Amount of Each Disbursement this Period

 38.80☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 444.25

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

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8274**

Amount of Each Disbursement this Period

385.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	/	D	D	/	Y	Y	Y	Y
10			31			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8275**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8301**

Amount of Each Disbursement this Period

385.60

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

964.00

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

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

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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

FEC Identification Number

**C****Transaction ID : SB21B.8389**

Amount of Each Disbursement this Period

8.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	2	4

FEC Identification Number

**C****Transaction ID : SB21B.8398**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST, SUITE 1770

City  
NEW ORLEANSState  
LAZip Code  
70112

Purpose of Disbursement

CREDIT CARD PROCESSING

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	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	2	4

FEC Identification Number

**C****Transaction ID : SB21B.8399**

Amount of Each Disbursement this Period

24.61

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

225.71

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

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8208

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8307

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8308

Amount of Each Disbursement this Period

30.00

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

65.00

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



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

PAGE 17 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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	/	D	D	/	Y	Y	Y	Y
11			01			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8303**

Amount of Each Disbursement this Period

30.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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	/	D	D	/	Y	Y	Y	Y
11			01			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8304**

Amount of Each Disbursement this Period

30.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8302**

Amount of Each Disbursement this Period

30.00
-------

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

90.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** 

Transaction ID : SB21B.8397

Amount of Each Disbursement this Period

 30.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 600 N WASHINGTON ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

BANK FEE

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** 

Transaction ID : SB21B.8464

Amount of Each Disbursement this Period

 30.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS, LLC**Mailing Address 901 N WASHINGTON ST  
SUITE 700City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

ACCOUNTING/COMPLIANCE SERVICES

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** 

Transaction ID : SB21B.8241

Amount of Each Disbursement this Period

 1100.20☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 1160.20

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

PAGE 19 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. KOCH & HOOS, LLC**Mailing Address 901 N WASHINGTON ST  
SUITE 700City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8407**

Amount of Each Disbursement this Period

1863.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

1863.30

4812.46

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

PAGE 20 OF 24

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. CROSSPARTISAN PAC I**

Mailing Address PO BOX 1843

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
TRANSFER TO AFF. COMMITTEE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

**C** C00786186**Transaction ID : SB22.8217**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSSPARTISAN PAC I**

Mailing Address PO BOX 1843

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
TRANSFER TO AFF. COMMITTEE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2024			

FEC Identification Number

**C** C00786186**Transaction ID : SB22.8305**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSSPARTISAN PAC II**

Mailing Address PO BOX 1843

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
TRANSFER TO AFF. COMMITTEE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

**C** C00786202**Transaction ID : SB22.8225**

Amount of Each Disbursement this Period

2000.00

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

14000.00

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

PAGE 21 OF 24

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. CROSSPARTISAN PAC II**

Mailing Address PO BOX 1843

City  
ALEXANDRIAState  
VAZip Code  
22313

Purpose of Disbursement

TRANSFER TO AFF. COMMITTEE

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	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	4		2	0	2	4		

FEC Identification Number

**C** C00786202**Transaction ID : SB22.8388**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ 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	/	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).....▶

5000.00

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

19000.00

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

PAGE 22 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT JARED GOLDEN**

Mailing Address PO BOX 7108

Date of Disbursement

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

City  
LEWISTONState  
MEZip Code  
04240

FEC Identification Number

**C** C00653816**Transaction ID : SB23.8195**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

CONTRIBUTION

Candidate Name

GOLDEN, JARED, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME

District: 02

Full Name (Last, First, Middle Initial)

**B. HERB CONAWAY FOR CONGRESS**

Mailing Address P.O. BOX 493

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	4		

City  
WILLINGBOROState  
NJZip Code  
08046

FEC Identification Number

**C** C00859496**Transaction ID : SB23.8182**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

CONTRIBUTION

Candidate Name

CONAWAY, HERB MD, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 03

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

6000.00

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

6000.00

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

PAGE 23 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT JARED GOLDEN**

Mailing Address PO BOX 7108

City  
LEWISTONState  
MEZip Code  
04240

Purpose of Disbursement

RECOUNT FUND

Candidate Name

GOLDEN, JARED, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

OTHER

State: ME

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

**C** C00653816**Transaction ID : SB29.8453**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE ROGERS CAMPAIGN COMMITTEE**

Mailing Address 7526 CONNELLY DR, SUITE B

City  
HANOVERState  
MDZip Code  
21076

Purpose of Disbursement

NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

**C****Transaction ID : SB29.8292**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKIE SHERRILL FOR GOVERNOR**

Mailing Address PO BOX 43032

City  
MONTCLAIRState  
NJZip Code  
07043

Purpose of Disbursement

NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

**C****Transaction ID : SB29.8416**

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. MILLER-MEEKS FOR CONGRESS**

Mailing Address PO BOX 33

City  
OTTUMWAState  
IAZip Code  
52501

Purpose of Disbursement

RECOUNT FUND

Candidate Name

MILLER-MEEKS, MARIANNETTE JANE, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

State: IA

District: 01

Date of Disbursement

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

FEC Identification Number

**C** C00558825**Transaction ID : SB29.8415**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NICK BATTER FOR NEBRASKA**

Mailing Address 10576 CALHOUN RD

City  
OMAHAState  
NEZip Code  
68112

Purpose of Disbursement

NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8283**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	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)..... ►

7500.00

16000.00