

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MIKE FRANCE CT2

ADDRESS (number and street)

PO BOX 222

Check if different
than previously
reported. (ACC)

GALES FERRY

CT

06335

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00768689

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CT

02

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)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

11

D D /

29

Y Y Y Y /

2022

through

M M /

12

D D /

31

Y Y Y Y /

2022

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

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M /

01

D D /

31

Y Y Y Y /

2023

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 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 18

Write or Type Committee Name
MIKE FRANCE CT2

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	696.00	1251.00
(b) Total Contribution Refunds (from Line 20(d))	250.00	260.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	446.00	991.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8361.43	14919.91
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	8.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8361.43	14911.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	7746.84	
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)	16445.74	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 18

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

MIKE FRANCE CT2

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

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

500.00

750.00

(ii) Unitemized.....

196.00

501.00

(iii) TOTAL of contributions from individuals ▶

696.00

1251.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

696.00

1251.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

8.50

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

696.00

1259.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8361.43	14919.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	260.00
(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 20(a), (b), and (c)).....	250.00	260.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18611.43	25179.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25662.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	696.00
25. SUBTOTAL (add Line 23 and Line 24).....	26358.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18611.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7746.84

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

A. Full Name (Last, First, Middle Initial)
BLAIS, LINDA, J, ,

Mailing Address PO BOX 72

City YANTIC State CT Zip Code 06389-0072

FEC ID number of contributing federal political committee. C

Name of Employer GENERAL DYNAMICS/ELECTRIC BOAT Occupation PLANNER

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 21 2022

Transaction ID : A52B2DB756AB74F4488E

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
OCONNOR, MICHAEL, , ,

Mailing Address 23 HICKORY LN

City BOZRAH State CT Zip Code 06334-1322

FEC ID number of contributing federal political committee. C

Name of Employer DOMINION ENERGY Occupation VICE PRESIDENT

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 03 2022

Transaction ID : AC82078BD5AE64484A01

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Election Cycle-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)..... ▶

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

500.00

500.00

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. 9SEVEN CONSULTING

Mailing Address PO BOX 183

City
HUDSONState
WIZip Code
54016-0183Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1589.95

Transaction ID : B5000EEC873FE460B862

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City
ASHBURNState
VAZip Code
20147-5905Purpose of Disbursement
CREATIVE, PRODUCTION & PROG MGMT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

762.50

Transaction ID : B6B40CF1C27D541B99D2

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : BABF5E76BB6C34CE6872

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

2502.45

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
DIRECT MAIL

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1297.91

Transaction ID : BDB8C7FA06FD048F1B04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICESMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DATA SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

310.00

Transaction ID : B79F3995DE97544FDA1C

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRAMMailing Address 22695 COMMERCE CENTER CT.
170City
STERLINGState
VAZip Code
20166-2088Purpose of Disbursement
DIRECT MAIL

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2756.95

Transaction ID : BCDB2AA8492104A028CC

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

4364.86

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial) A. MEADOWS, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2022	
Mailing Address 119 MAIN ST				
City BALTIMORE	State CT	Zip Code 06330-1325	FEC Identification Number C	
Purpose of Disbursement MILEAGE		Category/ Type 001	Amount of Each Disbursement this Period 439.85	
Candidate Name		Transaction ID : B61D4D0353F744BBF884		
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item	
State:	District:			

Full Name (Last, First, Middle Initial) B. ARISTOTLE INTERNATIONAL			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2022	
Mailing Address P.O. BOX 716045				
City PHILADELPHIA	State PA	Zip Code 19171-6045	FEC Identification Number C	
Purpose of Disbursement DATABASE		Category/ Type 001	Amount of Each Disbursement this Period 750.00	
Candidate Name		Transaction ID : B1AD82BAB6AA14909B72		
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼		☐ Memo Item	
State:	District:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code	FEC Identification Number C	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period	
Candidate Name		Memo Item		
Office Sought: ☐ House ☐ Senate ☐ President	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State:	District:			

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

1189.85

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

8057.16

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

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☐ 17	☐ 18	☒ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial)

A. FRANCE, MIKE, , ,

Mailing Address PO BOX 222

City
GALES FERRYState
CTZip Code
06335-0222Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
FRANCE, MIKE, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2022

FEC Identification Number

C C00768689

Amount of Each Disbursement this Period

10000.00

Transaction ID : B590E7FFF3B194E87A06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	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
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

10000.00

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

10000.00

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

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Full Name (Last, First, Middle Initial) A. OCONNOR, MICHAEL, , ,				Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2022	
Mailing Address 23 HICKORY LN					
City BOZRAH		State CT	Zip Code 06334-1322		
Purpose of Disbursement REFUND: REFUND OF CONTRIBUTIONS			010		
Candidate Name			Category/ Type		
Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify) ▼			
State:	District:				
FEC Identification Number C				Amount of Each Disbursement this Period 250.00	
Transaction ID : B26E677B215C14C50B7F				☐ Memo Item	
Full Name (Last, First, Middle Initial) B.				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement			Category/ Type		
Candidate Name					
Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State:	District:				
FEC Identification Number C				Amount of Each Disbursement this Period	
				☐ Memo Item	
Full Name (Last, First, Middle Initial) C.				Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address					
City		State	Zip Code		
Purpose of Disbursement			Category/ Type		
Candidate Name					
Office Sought:	☐ House ☐ Senate ☐ President	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State:	District:				
FEC Identification Number C				Amount of Each Disbursement this Period	
				☐ Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				250.00	
TOTAL This Period (last page this line number only).....▶				250.00	

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Transaction ID : C9BA8EA243B1946C19A9

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

FRANCE, MIKE, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
CONVENTIONMailing Address
PO BOX 222

City

GALES FERRY

State

CT

ZIP Code

06335-0222

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 29^D /

Y 2021 Y

M 12^M /D 31^D /

Y 2022 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
MIKE FRANCE CT2

Transaction ID : CC2580C9D2EEA483F871

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

FRANCE, MIKE, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
PO BOX 222

City

GALES FERRY

State

CT

ZIP Code

06335-0222

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 30 D /

Y 2022 Y

M 12 M /

D 31 D /

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 13 OF 18

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

NAME OF COMMITTEE (In Full)

MIKE FRANCE CT2

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

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

65.00

Transaction ID : D3A2A4B0D77824925958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

65.00

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

FULFILLMENT SOLUTIONS INC.

Nature of Debt (Purpose):

PRINT/FOLD/INSERT FUNDRAISING
LETTERS

Mailing Address 44970 FALCON PLACE

City
STERLINGState
VAZip Code
20166-9537

Outstanding Balance Beginning This Period

3567.92

Transaction ID : DB4779B41AB8A489B8E3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3567.92

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

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

340.00

Transaction ID : D38CBAC8AFDBC43A499C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

340.00

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

3972.92

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 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 18

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

NAME OF COMMITTEE (In Full)

MIKE FRANCE CT2

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

NOVA BROKERAGE & MGMT SOLUTIONS

Nature of Debt (Purpose):

LIST BROKERAGE

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

1359.36

Transaction ID : D8BE2B891EBFD41428C3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1359.36

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

DONORBUREAU, LLC

Nature of Debt (Purpose):

PROSPECT MODELING

Mailing Address 1900 N CULPEPPER ST

City
ARLINGTONState
VAZip Code
22207

Outstanding Balance Beginning This Period

135.58

Transaction ID : DE07CFF39E36F4D148C5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.58

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

HSP DIRECT LLC

Nature of Debt (Purpose):

CREATIVE, PRODUCTION & PROGRAM
MGMT FEES

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City
ASHBURNState
VAZip Code
20147-5905

Outstanding Balance Beginning This Period

557.00

Transaction ID : D9FB23C9BBEF940EAA93

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

557.00

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

2051.94

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 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 18

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

NAME OF COMMITTEE (In Full)

MIKE FRANCE CT2

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

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

245.00

Transaction ID : DDEC2905CCD984B608E4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

245.00

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

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

LIST MAINTENANCE/REPORTS

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

90.00

Transaction ID : DF2C5CF0B67854552BF8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.00

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

DONORBUREAU, LLC

Nature of Debt (Purpose):

STATISTICAL MODELING

Mailing Address 1900 N CULPEPPER ST

City
ARLINGTONState
VAZip Code
22207

Outstanding Balance Beginning This Period

85.88

Transaction ID : D94DEF5FF8D7843E0A14

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

85.88

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

420.88

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

6445.74

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

10000.00

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

16445.74

FEC FORM 3Z (File with Form 3)**Part 1: CONSOLIDATION REPORT**NAME OF PRINCIPAL CAMPAIGN COMMITTEE
MIKE FRANCE CT2

Report Covering Period from:

M M / D D / Y Y Y Y
11 / 29 / 2022

to:

M M / D D / Y Y Y Y
12 / 31 / 2022NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)**MIKE FRANCE CT2**

LINE DESCRIPTION		LINE DESCRIPTION	
6(c) Net Contributions	446.00	15 Other Receipts	0.00
7(c) Net Operating Expenditures	8361.43	16 Total Receipts	696.00
9 Debts and Obligations Owed TO the Committee	0.00	17 Operating Expenditures	8361.43
10 Debts and Obligations Owed BY the Committee	16445.74	18 Transfers to Other Authorized Committees	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	696.00	19(a) Repayments of Loans Made or Guaranteed by Candidate	10000.00
11(b) Contributions from Political Party Committees	0.00	19(b) Other Loan Repayments	0.00
11(c) Contributions from Other Political Committees	0.00	19(c) Total Loan Repayments	10000.00
11(d) Contributions from the Candidate	0.00	20(a) Refunds of Contributions to Individuals/Persons	250.00
11(e) Total Contributions	696.00	20(b) Refunds of Contributions to Political Party Committees	0.00
12 Transfers from Other Authorized Committees	0.00	20(c) Refunds of Contributions to Other Political Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	0.00	20(d) Total Contributions Refunds	250.00
13(b) All Other Loans	0.00	21 Other Disbursements	0.00
13(c) Total Loans	0.00	22 Total Disbursements	18611.43
14 Offsets to Operating Expenditures	0.00	23 Cash on Hand at Beginning of Reporting Period	25662.27
		27 Cash on Hand at Close of Reporting Period	7746.84

FEC FORM 3Z (File with Form 3)**Part 1: CONSOLIDATION REPORT**NAME OF PRINCIPAL CAMPAIGN COMMITTEE
MIKE FRANCE CT2

Report Covering Period from:

M M / D D / Y Y Y Y
11 / 29 / 2022

to:

M M / D D / Y Y Y Y
12 / 31 / 2022NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)**FRANCE FOR CT-02**

LINE DESCRIPTION		LINE DESCRIPTION	
6(c) Net Contributions	0.00	15 Other Receipts	0.00
7(c) Net Operating Expenditures	0.00	16 Total Receipts	0.00
9 Debts and Obligations Owed TO the Committee	0.00	17 Operating Expenditures	10.00
10 Debts and Obligations Owed BY the Committee	0.00	18 Transfers to Other Authorized Committees	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	0.00	19(a) Repayments of Loans Made or Guaranteed by Candidate	0.00
11(b) Contributions from Political Party Committees	0.00	19(b) Other Loan Repayments	0.00
11(c) Contributions from Other Political Committees	0.00	19(c) Total Loan Repayments	0.00
11(d) Contributions from the Candidate	0.00	20(a) Refunds of Contributions to Individuals/Persons	0.00
11(e) Total Contributions	0.00	20(b) Refunds of Contributions to Political Party Committees	0.00
12 Transfers from Other Authorized Committees	0.00	20(c) Refunds of Contributions to Other Political Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	0.00	20(d) Total Contributions Refunds	0.00
13(b) All Other Loans	0.00	21 Other Disbursements	0.00
13(c) Total Loans	0.00	22 Total Disbursements	0.00
14 Offsets to Operating Expenditures	0.00	23 Cash on Hand at Beginning of Reporting Period	1104.19
		27 Cash on Hand at Close of Reporting Period	1104.19

FEC FORM 3Z (File with Form 3)

Report Covering Period from:

M M	/	D D	/	Y Y Y Y
11		29		2022

Part 2: CONSOLIDATED TOTALS**FOR ALL AUTHORIZED COMMITTEES**

to:

M M	/	D D	/	Y Y Y Y
12		31		2022

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

MIKE FRANCE CT2

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION		LINE DESCRIPTION	
6(c) Net Contributions	446.00	15 Other Receipts	0.00
7(c) Net Operating Expenditures	8361.43	16 Total Receipts	696.00
9 Debts and Obligations Owed TO the Committee	0.00	17 Operating Expenditures	8371.43
10 Debts and Obligations Owed BY the Committee	16445.74	18 Transfers to Other Authorized Committees	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	696.00	19(a) Repayments of Loans Made or Guaranteed by Candidate	10000.00
11(b) Contributions from Political Party Committees	0.00	19(b) Other Loan Repayments	0.00
11(c) Contributions from Other Political Committees	0.00	19(c) Total Loan Repayments	10000.00
11(d) Contributions from the Candidate	0.00	20(a) Refunds of Contributions to Individuals/Persons	250.00
11(e) Total Contributions	696.00	20(b) Refunds of Contributions to Political Party Committees	0.00
12 Transfers from Other Authorized Committees	0.00	20(c) Refunds of Contributions to Other Political Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	0.00	20(d) Total Contributions Refunds	250.00
13(b) All Other Loans	0.00	21 Other Disbursements	0.00
13(c) Total Loans	0.00	22 Total Disbursements	18611.43
14 Offsets to Operating Expenditures	0.00	23 Cash on Hand at Beginning of Reporting Period	26766.46
		27 Cash on Hand at Close of Reporting Period	8851.03