

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 DR. SAM ALEXANDER FOR CONGRESS

ADDRESS (number and street) PO BOX 10285 Check if different than previously reported. (ACC) SPRINGFIELD MO 65808-0285 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00786855 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MO 07

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 / D D / Y Y Y Y 10 / 01 / 2021 through M M / D D / Y Y Y Y 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. REPLOGLE, THOMAS, DALE, Type or Print Name of Treasurer Signature of Treasurer REPLOGLE, THOMAS, DALE, [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 28 / 2022

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**DR. SAM ALEXANDER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	17370.00	56850.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17370.00	56850.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	31048.73	49381.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31048.73	49381.63
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	106468.37	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	99000.00	

**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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**DR. SAM ALEXANDER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	15370.00	54850.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	15370.00	54850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17370.00	56850.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	99000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	99000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
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)..... ▶	17370.00	155850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31048.73	49381.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	31048.73	49381.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	120147.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17370.00
25. SUBTOTAL (add Line 23 and Line 24).....	137517.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31048.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106468.37

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

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

FOR LINE NUMBER: PAGE 5 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BUCKNER, JOHN, , ,**

Mailing Address 4931 S FARM RD 145

City SPRINGFIELD State MO Zip Code 65810-1523

FEC ID number of contributing federal political committee. **C**

Name of Employer COX HEALTH SYSTEM Occupation PHYSICIAN

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  
 10 17 2021

Transaction ID : **AF092D84DAD184FDD918**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED  
 TECHNICAL SERVICES LLC

**B.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2021

Transaction ID : **A494F744F9E774981963**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item  
 INTERMEDIARY  
 TOTAL EARMARKED THROUGH CONDUIT. PAC  
 LIMIT NOT AFFECTED.

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

Mailing Address 461 KALI CT

City PALM HARBOR State FL Zip Code 34683-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 22 2021

Transaction ID : **A07506494BE73465CBFD**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED  
 TECHNICAL SERVICES LLC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 350.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2021

Transaction ID : **AEA8A0901F4F3411681A**

Amount of Each Receipt this Period  
 100.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 4922 E THICKET LN

City SPRINGFIELD State MO Zip Code 65809-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COX HEALTH SYSTEM PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2021

Transaction ID : **AD078F884ECE84757B6C**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 3730 CROMWELL LN

City SPRINGFIELD State MO Zip Code 65802-2489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

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  
 10 / 25 / 2021

Transaction ID : **A5CD07C84A1AC4677824**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY D WILSON FARMS**

Mailing Address

City: SEDALIA State: MO Zip Code: 65301

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 25 / 2021

Transaction ID : AEB7A48137D134F85A0F

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 5355 S WOODCLIFFE DR

City: SPRINGFIELD State: MO Zip Code: 65804-5359

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: FERRELL DUNCAN CLINIC PHYSICIAN

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 25 / 2021

Transaction ID : ABB6BAFCAE0884B8685D

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 2804 E WOODFORD ST

City: SPRINGFIELD State: MO Zip Code: 65804-7545

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: RETIRED RETIRED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 25 / 2021

Transaction ID : A84E754B638A54EF7A99

Amount of Each Receipt this Period: 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

**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 8 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANDERSON, DAPHNE, , ,**

Mailing Address 4591 E CULLODEN LN

City SPRINGFIELD	State MO	Zip Code 65809-4186
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2021

**Transaction ID : A8EE3EB0F8EA94F83900**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 4591 E CULLODEN LN

City SPRINGFIELD	State MO	Zip Code 65809-4186
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FEC ID number of contributing federal political committee. **C**

Name of Employer COX HEALTH SYSTEMS	Occupation PHYSICIAN
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2021

**Transaction ID : A0A572FD6D3C94FF5AC2**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 804 ATWELL ST

City BELLAIRE	State TX	Zip Code 77401-4718
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation HEALTHCARE
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2021

**Transaction ID : AC2756576B93C4E7E8FA**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED  
 TECHNICAL SERVICES LLC

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____



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

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

FOR LINE NUMBER: PAGE 9 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2021

Transaction ID : **AAB3FD80CE5E94C649A8**

Amount of Each Receipt this Period  
1000.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 485 MT TABOR CHURCH RD

City CLEVELAND State NC Zip Code 27013-9684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

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  
 11 03 2021

Transaction ID : **A75672AFE260F45D5A7C**

Amount of Each Receipt this Period  
500.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED TECHNICAL SERVICES LLC

**C.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2021

Transaction ID : **AAB87FD1517C4433FB83**

Amount of Each Receipt this Period  
500.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

**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 10 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PEARCE, LORA, , ,**

Mailing Address 225 H HWY

City GREENFIELD	State MO	Zip Code 65661-9475
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 03 / 2021

**Transaction ID : AD7FE8CED14714C0BBF6**

Amount of Each Receipt this Period  
50.00

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED TECHNICAL SERVICES LLC

**B.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON	State VA	Zip Code 22209-2515
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 30 / 2021

**Transaction ID : AC99F6863C30F4DAFA63**

Amount of Each Receipt this Period  
50.00

Memo Item  
 INTERMEDIARY  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 5250 E PLEASANT VALLEY LN

City SPRINGFIELD	State MO	Zip Code 65809-3174
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

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
11 / 05 / 2021

**Transaction ID : AEC6291E8E7FE4C32865**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# 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 11 OF 27	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILSON, TERESA, , ,**

Mailing Address 2778 QUINCE RD

City SENECA	State MO	Zip Code 64865-7912
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FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation COOK
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Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A954B3317861A4E9E90C**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 501 STONERIDGE DR

City JOPLIN	State MO	Zip Code 64804
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : ABFAC86DAB7C34AFD984**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 301 S HARTFORD AVE

City BOLIVAR	State MO	Zip Code 65613-2082
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CMH	Occupation FAMILY PHYSICIAN
-------------------------	--------------------------------

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A3FCE26D9207F4D5CBAA**

Amount of Each Receipt this Period

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED  
 TECHNICAL SERVICES LLC

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2021

**Transaction ID : A31B0A74CCECD44939C8**

Amount of Each Receipt this Period  
100.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 848 E 455TH RD

City BOLIVAR State MO Zip Code 65613-8123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WEST SIDE BARBER BARBER

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  
 11 / 11 / 2021

**Transaction ID : A519090E92F0E47C6BA6**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 24010 E 2000TH RD

City FAIR PLAY State MO Zip Code 65649-8215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RANCHER

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2021

**Transaction ID : A118DA7FA35CE437DB8C**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FULLER, JONALYN, , ,**  
 Mailing Address 4082 S 188TH RD  
 City HALF WAY State MO Zip Code 65663-9140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation FARMER  
 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  
 11 / 11 / 2021  
**Transaction ID : A8D2D7AB4A6B944C8905**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HUFF, CHARLES, , ,**  
 Mailing Address PO BOX 296  
 City FAIR GROVE State MO Zip Code 65648-0296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 11 / 11 / 2021  
**Transaction ID : A6E2795359361402C816**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JUMP, RONALD, , ,**  
 Mailing Address 3779 HIGHWAY D  
 City BOLIVAR State MO Zip Code 65613-8333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 3-JUMP FARMS Occupation SELF  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2021  
**Transaction ID : ABE4670D916AC4EAF8D7**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KIFER, THANE, , ,**  
 Mailing Address 120 W ALDRICH RD  
 City BOLIVAR State MO Zip Code 65613-2544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation REAL ESTATE  
 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  
 11 / 11 / 2021  
**Transaction ID : A28972E95906645FEB60**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LINDSAY, TERESA, , ,**  
 Mailing Address 994 E 420TH RD  
 City BOLIVAR State MO Zip Code 65613-8277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2021  
**Transaction ID : A3D037AC093EE4DF2928**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PETTIBON, JOE, , ,**  
 Mailing Address 944 B HWY  
 City BOLIVAR State MO Zip Code 65613-8251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 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  
 11 / 11 / 2021  
**Transaction ID : A2E772185A6ED45678FC**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WOOD, SYLVIA, , ,**

Mailing Address 1234 E 500TH RD

City BOLIVAR State MO Zip Code 65613-9104

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 11 / 2021

Transaction ID : **AE2ED056396F8420B9CD**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3046 W CEDARBLUFF DR

City SPRINGFIELD State MO Zip Code 65810-1955

FEC ID number of contributing federal political committee. **C**

Name of Employer COX HEALTH SYSTEMS Occupation PHYSICIAN

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  
11 / 29 / 2021

Transaction ID : **A6EF8AB5EEB384B66A6D**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 4153 MO-83

City BOLIVAR State MO Zip Code 65613

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

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  
11 / 29 / 2021

Transaction ID : **A83A42F069E6A489FAE2**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 27  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NICHOLS, WILLIAM, , ,**  
 Mailing Address 241 WHITE OAK PL  
 City BOLIVAR State MO Zip Code 65613-7644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PASTOR  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2021  
**Transaction ID : AC20B455910C54BF2874**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HORTON, GREG, , ,**  
 Mailing Address 782 N SQUIRES LN  
 City SPRINGFIELD State MO Zip Code 65802-9204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTEGRITY HOME CARE + HOSPICE Occupation EXECUTIVE  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2021  
**Transaction ID : A47FEB5F2FBDF4C218B9**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED  
 TECHNICAL SERVICES LLC

**C.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**  
 Mailing Address 1776 WILSON BLVD  
 City ARLINGTON State VA Zip Code 22209-2515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2021  
**Transaction ID : AC3F777D81E2A49DAB30**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 INTERMEDIARY  
 TOTAL EARMARKED THROUGH CONDUIT. PAC  
 LIMIT NOT AFFECTED.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KALLENBACH, JOHN, , ,**

Mailing Address 4541 S 170TH RD

City BOLIVAR State MO Zip Code 65613-8607

FEC ID number of contributing federal political committee. **C**

Name of Employer A 1 TOOL INC Occupation OWNER MANAGER

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 / 07 / 2021

Transaction ID : **A738DB978F06B49BE98B**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JARVIS, HOWARD, E, , III**

Mailing Address 2322 S CELEBRATION AVE

City SPRINGFIELD State MO Zip Code 65809-3538

FEC ID number of contributing federal political committee. **C**

Name of Employer DOCTOR Occupation COXHEALTH

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2021

Transaction ID : **A2103F67B26C64886826**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 12905 W FARM ROAD 2

City WALNUT GROVE State MO Zip Code 65770-9190

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2021

Transaction ID : **A82430444C21848CB941**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 27  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

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

Mailing Address 1915 S FARM RD 219

City SPRINGFIELD State MO Zip Code 65809-3221

FEC ID number of contributing federal political committee. **C**

Name of Employer OZARK COMMUNITY HOSPITAL Occupation INFORMATION REQUESTED

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2021

Transaction ID : **AEA8F55D6BC034B3CA6D**

Amount of Each Receipt this Period  
100.00

Memo Item  
 EARMARKED (NON-DIRECTED) THROUGH WINRED TECHNICAL SERVICES LLC

**B.** Full Name (Last, First, Middle Initial)  
**WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2021

Transaction ID : **AC088AF4F82A54277B5C**

Amount of Each Receipt this Period  
100.00

Memo Item  
 INTERMEDIARY  
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15370.00

# 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 19 OF 27	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE PAC**

Mailing Address 555 E WELLS ST

City MILWAUKEE	State WI	Zip Code 53202-3835
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2021

**Transaction ID : A12C9E9E0CD774D6F971**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** 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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OZARK MAILING SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2021		
Mailing Address PO BOX 9303			FEC Identification Number C		
City SPRINGFIELD	State MO	Zip Code 65801-9303	Amount of Each Disbursement this Period 883.23		
Purpose of Disbursement PRINTING AND POSTAGE		Category/Type	Transaction ID : B6E58C56832724AA3B6D		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
State: District:		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. REPLOGLE, DALE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2021		
Mailing Address 1000 W SUNSHINE ST			FEC Identification Number C		
City SPRINGFIELD	State MO	Zip Code 65807-2446	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement ACCOUNTING FEES		Category/Type 001	Transaction ID : B48DACB87FB32409986A		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
State: District:		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SILHOUETTE IMAGING</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2021		
Mailing Address 110 E SPRING ST			FEC Identification Number C		
City NEOSHO	State MO	Zip Code 64850-1513	Amount of Each Disbursement this Period 248.18		
Purpose of Disbursement T SHIRTS		Category/Type	Transaction ID : B4D1F7123BC9B4D6EA9F		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>		
State: District:		Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3631.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VICTORY ENTERPRISES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2021		
Mailing Address 5200 30TH ST SW			FEC Identification Number C		
City DAVENPORT	State IA	Zip Code 52802-3039	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement DONOR LIST		Category/ Type 001	Transaction ID : B7E45F4C8DDF34C7EAB9		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VICTORY ENTERPRISES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2021		
Mailing Address 5200 30TH ST SW			FEC Identification Number C		
City DAVENPORT	State IA	Zip Code 52802-3039	Amount of Each Disbursement this Period 12500.00		
Purpose of Disbursement VIDEO PRODUCTION AND WEBSITE DEVELOPMENT		Category/ Type 001	Transaction ID : BCAD78BFCC1B6440B8DF		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2021		
Mailing Address 1776 WILSON BLVD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 13.90		
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	Transaction ID : B7A6B9C5763CC487B9A9		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12863.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LEADBELT STRATEGIES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2021	
Mailing Address PO BOX 544			FEC Identification Number C	
City JEFFERSON CITY	State MO	Zip Code 65102-0544	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement FUNDRAISING RETAINER		Category/ Type	Transaction ID : BF4B2B071BCA84C16988	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2021	
Mailing Address 1776 WILSON BLVD			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	Transaction ID : BECDE9A2EB0B14853897	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. HOBBS, DENNIS, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2021	
Mailing Address 1841 E STONERIDGE DR			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65803-4818	Amount of Each Disbursement this Period 159.12	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 006	Transaction ID : B6EEEF8C2DA84B83972	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	697.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VICTORY ENTERPRISES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2021	
Mailing Address 5200 30TH ST SW			FEC Identification Number C	
City DAVENPORT	State IA	Zip Code 52802-3039	Amount of Each Disbursement this Period 6650.00	
Purpose of Disbursement CONSULTING & STRATEGY DIGITAL MANAGEMENT		Category/Type 001	Transaction ID : B5920C9932EAF4220A7A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2021	
Mailing Address 1776 WILSON BLVD			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 21.50	
Purpose of Disbursement CREDIT CARD FEES		Category/Type	Transaction ID : B93276A15864947AB993	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LEADBELT STRATEGIES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2021	
Mailing Address PO BOX 544			FEC Identification Number C	
City JEFFERSON CITY	State MO	Zip Code 65102-0544	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement FUNDRAISING RETAINER		Category/Type	Transaction ID : B1357182D624F4DC890F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7671.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2021	
Mailing Address 1776 WILSON BLVD			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 4.10	
Purpose of Disbursement CREDIT CARD FEES		Category/Type	Transaction ID : B09F988FA5FAA47F1B9A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. REPLOGLE, DALE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2021	
Mailing Address 1000 W SUNSHINE ST			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65807-2446	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement ACCOUNTING FEES		Category/Type 001	Transaction ID : B6B9270F24AC24FA89A5	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. US POST OFFICE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2021	
Mailing Address 1442 S GLENSTONE AVE			FEC Identification Number C	
City SPRINGFIELD	State MO	Zip Code 65804-9998	Amount of Each Disbursement this Period 175.00	
Purpose of Disbursement PO BOX RENTAL		Category/Type 001	Transaction ID : BB4FEBAADA5774CCE887	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2679.10
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR. SAM ALEXANDER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2021		
Mailing Address 1776 WILSON BLVD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 76.30		
Purpose of Disbursement CREDIT CARD FEES		Category/Type	Transaction ID : B664FE4D48CB3426CA9D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. TRANSPORT GRAPHICS INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2021		
Mailing Address 1922 N WEST BYPASS			FEC Identification Number C		
City SPRINGFIELD	State MO	Zip Code 65803-2206	Amount of Each Disbursement this Period 3425.00		
Purpose of Disbursement PRINTING SIGNS		Category/Type	Transaction ID : BEDB544B42E634810917		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 1776 WILSON BLVD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 4.10		
Purpose of Disbursement CREDIT CARD FEES		Category/Type	Transaction ID : BD8144307948E401F887		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3505.40
<b>TOTAL</b> This Period (last page this line number only).....▶	31048.73

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **DR. SAM ALEXANDER FOR CONGRESS** Transaction ID : **CB978BA2147E14586B84**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) ALEXANDER, SAM, , DR.,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20465 S HWY RA			
City FAIR PLAY	State MO	ZIP Code 65649-8244	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 08 / D 12 / Y 2021 Y	Date Due M M / D D / Y NONE Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	9000.00
<b>TOTALS</b> 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)**  
**LOANS**

NAME OF COMMITTEE (In Full) **DR. SAM ALEXANDER FOR CONGRESS** Transaction ID : **CB100A28C78B24C67813**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) ALEXANDER, SAM, , DR.,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 20465 S HWY RA			
City FAIR PLAY	State MO	ZIP Code 65649-8244	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 90000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 90000.00
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<b>TERMS</b>	Date Incurred M 09 / D 29 / Y 2021	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	90000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	99000.00

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