

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**
BETTER FUTURE MI FUND

ADDRESS (number and street) **C/O BULLDOG COMPLIANCE**
138 CONANT STREET 2ND FLOOR
 Check if different than previously reported. (ACC) **BEVERLY MA 01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00725317 3. IS THIS REPORT NEW (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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **03** / **2020** in the State of **MI**

5. Covering Period **10** / **15** / **2020** through **11** / **23** / **2020**

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 **GANTT, CHARLES, , ,**

Signature of Treasurer **GANTT, CHARLES, , ,** [Electronically Filed] Date **11** / **30** / **2020**

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 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BETTER FUTURE MI FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		797888.33
(b) Cash on Hand at Beginning of Reporting Period.....	781370.20	
(c) Total Receipts (from Line 19)	3420200.00	12217551.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4201570.20	13015439.33
7. Total Disbursements (from Line 31).....	4168852.00	12982721.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32718.20	32718.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BETTER FUTURE MI FUND

Report Covering the Period: From: 10 / 15 / 2020 To: 11 / 23 / 2020

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).....	3315200.00	11912550.00
(ii) Unitemized	0.00	1.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3315200.00	11912551.00
(b) Political Party Committees	5000.00	5000.00
(c) Other Political Committees (such as PACs).....	100000.00	300000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3420200.00	12217551.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3420200.00	12217551.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3420200.00	12217551.00

DETAILED SUMMARY PAGE
of Disbursements

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	430192.00	1340797.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	430192.00	1340797.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	3738660.00	11641924.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4168852.00	12982721.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4168852.00	12982721.13

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3420200.00	12217551.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3420200.00	12217551.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	430192.00	1340797.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	430192.00	1340797.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. BLACK, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1254 WAVE CREST CIRCLE
 City GALLATIN State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **10 / 16 / 2020**
Transaction ID : SA11AI.5183
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. BRENNAN, JACOB, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 MT VERNON ST
 City NORTH READING State MA Zip Code 01964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOUBLE ELVIS MEDIA Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 30 / 2020**
Transaction ID : SA11AI.5181
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. DESOUZA, CAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5736 E CACTUS WREN RD
 City PARADISE VALLEY State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205500.00

Date of Receipt **10 / 20 / 2020**
Transaction ID : SA11AI.5188
 Amount of Each Receipt this Period 172200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	183200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. ELLISON, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 YGNACIO VALLEY ROAD
 City WALNUT CREEK State CA Zip Code 94596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORACLE CORPORATION Occupation (for Individual) EXECUTIVE CHARIMAN AND CTO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 29 / 2020
Transaction ID : SA11AI.5187
 Amount of Each Receipt this Period 1000000.00
 Memo Item

B. FOLEY, WILLIAM, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 VILLAGE CENTER CIRCLE
 City LAS VEGAS State NV Zip Code 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIDELITY Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 16 / 2020
Transaction ID : SA11AI.5193
 Amount of Each Receipt this Period 250000.00
 Memo Item

C. HINMAN, ROY, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 ARRICOLA AVE
 City ST AUGUSTINE State FL Zip Code 32080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ISLAND DOCTORS Occupation (for Individual) MEDICAL DOCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 27 / 2020
Transaction ID : SA11AI.5190
 Amount of Each Receipt this Period 25000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1275000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HINMAN, ROY, H, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2020
Mailing Address 100 ARRICOLA AVE		Transaction ID : SA11AI.5191
City ST AUGUSTINE	State FL	Zip Code 32080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual) ISLAND DOCTORS	Occupation (for Individual) MEDICAL DOCTOR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JONES, MARK, A, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2020
Mailing Address 9180 W. GULL LAKE DR.		Transaction ID : SA11AI.5173
City RICHLAND	State MI	Zip Code 49083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) AMERIFIRST	Occupation (for Individual) FINANCE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCKINLEY ASSOCIATES INC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2020
Mailing Address 320 N MAIN STREET		Transaction ID : SA11AI.5179
City ANN ARBOR	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 100000.00	

SUBTOTAL of Receipts This Page (optional).....▶	130000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. PI HOLDINGS II INC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MILESTONE WAY
 City GREENVILLE State SC Zip Code 29615
 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 ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : SA11AI.5204
 Amount of Each Receipt this Period
 25000.00
 Memo Item

B. RANGOS, JOHN, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 OSPREY POINT CIRCLE
 City BOCA RATON State FL Zip Code 33431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF EMPLOYED BUSINESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2020
Transaction ID : SA11AI.5185
 Amount of Each Receipt this Period
 25000.00
 Memo Item

C. RYAN, PATRICK, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 N MICHIGAN AVE STE 2100
 City CHICAGO State IL Zip Code 60601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RYAN SPECIALTY GROUP CHAIRMAN/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2020
Transaction ID : SA11AI.5199
 Amount of Each Receipt this Period
 1000000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. RYAN, PATRICK, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 N MICHIGAN AVE STE 2100
 City CHICAGO State IL Zip Code 60601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RYAN SPECIALTY GROUP Occupation (for Individual) CHAIRMAN/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500000.00

Date of Receipt 10 / 28 / 2020
Transaction ID : SA11AI.5200
 Amount of Each Receipt this Period 500000.00
 Memo Item

B. SPERLING, SCOTT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 FEDERAL ST
 City BOSTON State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMAS H. LEE PARTNERS Occupation (for Individual) CO-PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 15 / 2020
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. TUBERGEN, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1911 EGYPT VALLEY NE
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 115000.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.5202
 Amount of Each Receipt this Period 15000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	525000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. VAN ANDEL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 74
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **50000.00**

Date of Receipt **10 / 20 / 2020**
Transaction ID : SA11AI.5195
 Amount of Each Receipt this Period **50000.00**
 Memo Item

B. VAN ANDEL, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 74
 City ADA State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **AMWAY** Occupation (for Individual) **CO-CHAIRMAN OF THE BOARD**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **50000.00**

Date of Receipt **10 / 20 / 2020**
Transaction ID : SA11AI.5197
 Amount of Each Receipt this Period **50000.00**
 Memo Item

C. WENZEL, TODD, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 BALLYBUNION CT. SE
 City GRAND RAPIDS State MI Zip Code 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **TODD WENZEL AUTOMOTIVE** Occupation (for Individual) **CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **60000.00**

Date of Receipt **10 / 31 / 2020**
Transaction ID : SA11AI.5201
 Amount of Each Receipt this Period **50000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZELL, SAMUEL, , ,

Mailing Address 2 N RIVERSIDE PLZ

City CHICAGO	State IL	Zip Code 60606-2600
-----------------	-------------	------------------------

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

Name of Employer (for Individual) EQUITY GROUP INVESTMENTS	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2020

Transaction ID : SA11A1.5175

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

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

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).....	2000.00
TOTAL This Period (last page this line number only).....	3315200.00

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

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

FOR LINE NUMBER: PAGE 13 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND

A. REPUBLICAN PARTY OF FLORIDA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 E. JEFFERSON STREET
 City TALLAHASSEE State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C** C00099259
 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 / 27 / 2020
Transaction ID : SA11B.5205
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
<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)
BETTER FUTURE MI FUND

A. CLUB FOR GROWTH ACTION

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

Mailing Address 2001 L ST NW STE 600

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00487470

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2020

Transaction ID : SA11C.5207

Amount of Each Receipt this Period

100000.00

 Memo Item

B.

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

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

Amount of Each Receipt this Period

--

 Memo Item

C.

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

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5169

Amount of Each Disbursement this Period

[REDACTED] 4600.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2020			

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5170

Amount of Each Disbursement this Period

[REDACTED] 200.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2020			

Mailing Address 138 CONANT ST
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5171

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

[REDACTED] 6800.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.5154
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [] 1000.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 10 / 27 / 2020
Mailing Address 138 CONANT STREET 2ND FLOOR		FEC Identification Number C [] Transaction ID : SB21B.5155
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE EXPENSE: POSTAGE		Amount of Each Disbursement this Period [] 2.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

Full Name (Last, First, Middle Initial) C. CAMPAIGN RESOURCE GROUP LLC		Date of Disbursement MM / DD / YYYY 10 / 19 / 2020
Mailing Address PO BOX 1948		FEC Identification Number C [] Transaction ID : SB21B.5159
City HOLLAND	State MI	Zip Code 49422
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period [] 5500.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6502.00
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 Page

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial) A. CAMPAIGN RESOURCE GROUP LLC		Date of Disbursement MM / DD / YYYY 10 / 23 / 2020
Mailing Address PO BOX 1948		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5160 Amount of Each Disbursement this Period [REDACTED] 1500.00
City HOLLAND	State MI	Zip Code 49422
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAMPAIGN RESOURCE GROUP LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020
Mailing Address PO BOX 1948		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5161 Amount of Each Disbursement this Period [REDACTED] 5000.00
City HOLLAND	State MI	Zip Code 49422
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 16 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5140 Amount of Each Disbursement this Period [REDACTED] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 6520.00
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 19 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.5141 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 22 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.5142 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 23 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C Transaction ID : SB21B.5143 Amount of Each Disbursement this Period 20.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

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
10			23			20			

FEC Identification Number

C []

Transaction ID : SB21B.5144

Amount of Each Disbursement this Period

[] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

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
10			27			20			

FEC Identification Number

C []

Transaction ID : SB21B.5145

Amount of Each Disbursement this Period

[] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement
BANK FEE

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
10			27			20			

FEC Identification Number

C []

Transaction ID : SB21B.5146

Amount of Each Disbursement this Period

[] 20.00

Memo Item

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

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

[] 60.00

[]

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

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

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number: C

Transaction ID : SB21B.5147

Amount of Each Disbursement this Period: 20.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.5148

Amount of Each Disbursement this Period: 20.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.5149

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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 Page

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.5150
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 20.00
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.5151
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 20.00
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 06 / 2020
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C [] Transaction ID : SB21B.5152
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 20.00
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 60.00
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 Page

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial)

A. DICKINSON WRIGHT PLLC

Mailing Address 1825 EYE STREET NW
STE 900

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5167

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. DICKINSON WRIGHT PLLC

Mailing Address 1825 EYE STREET NW
STE 900

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5168

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LOVASCO, LLC

Mailing Address 6635 W. HAPPY VALLEY ROAD
STE. A104

City GLENDALE State AZ Zip Code 85310

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5156

Amount of Each Disbursement this Period

Memo Item

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

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 Page

FOR LINE NUMBER:
(check only one)

<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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial)

A. MACK BROOK CO

Mailing Address 7110 GREENBROOK LN

City
DALLAS

State
TX

Zip Code
75214

Purpose of Disbursement
FUNDRAISING CONSULTING

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
10			15			2020			

FEC Identification Number

C []

Transaction ID : SB21B.5162

Amount of Each Disbursement this Period

[] 70700.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MACK BROOK CO

Mailing Address 7110 GREENBROOK LN

City
DALLAS

State
TX

Zip Code
75214

Purpose of Disbursement
FUNDRAISING CONSULTING

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
10			23			2020			

FEC Identification Number

C []

Transaction ID : SB21B.5163

Amount of Each Disbursement this Period

[] 4500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MACK BROOK CO

Mailing Address 7110 GREENBROOK LN

City
DALLAS

State
TX

Zip Code
75214

Purpose of Disbursement
FUNDRAISING CONSULTING

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
10			28			2020			

FEC Identification Number

C []

Transaction ID : SB21B.5164

Amount of Each Disbursement this Period

[] 2500.00

Memo Item

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

[] 77700.00

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 Page

FOR LINE NUMBER:
(check only one)

<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

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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial) A. MO STRATEGIES, INC.		Date of Disbursement MM / DD / YYYY 10 / 27 / 2020
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.5165 Amount of Each Disbursement this Period 119200.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. MO STRATEGIES, INC.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2020
Mailing Address P.O. BOX 4		FEC Identification Number C Transaction ID : SB21B.5166 Amount of Each Disbursement this Period 120000.00
City WESTFIELD	State IN	
Zip Code 46074	Purpose of Disbursement FUNDRAISING CONSULTING	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. REGINA STRATEGIES		Date of Disbursement MM / DD / YYYY 10 / 27 / 2020
Mailing Address 2753 LINN RD		FEC Identification Number C Transaction ID : SB21B.5157 Amount of Each Disbursement this Period 13500.00
City WILLIAMSTON	State MI	
Zip Code 48895	Purpose of Disbursement FUNDRAISING CONSULTING	Memo Item <input type="checkbox"/>
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:		

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

252700.00

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 Page

FOR LINE NUMBER:
(check only one)

<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

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)
BETTER FUTURE MI FUND

Full Name (Last, First, Middle Initial)

A. REGINA STRATEGIES

Mailing Address 2753 LINN RD

City
WILLIAMSTON

State
MI

Zip Code
48895

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			20	20		

FEC Identification Number

C []

Transaction ID : SB21B.5158

Amount of Each Disbursement this Period

[] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. REGINA STRATEGIES

Mailing Address 2753 LINN RD

City
WILLIAMSTON

State
MI

Zip Code
48895

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			20	20		

FEC Identification Number

C []

Transaction ID : SB21B.5153

Amount of Each Disbursement this Period

[] 45000.00

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:

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)..... ▶

[] 60000.00

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

[] 430192.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND
FEC IDENTIFICATION NUMBER
C C00725317

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DEL CIELO MEDIA, LLC
Mailing Address 1427 LESLIE AVENUE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/21/2020
Amount 498780.00
Transaction ID: SE.4649
Date of Disbursement or Obligation 10/19/2020
Name of Federal Candidate: PETERS, GARY, , ,
Office Sought: Senate State: MI
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 7066955.00

Full Name of Payee DEL CIELO MEDIA, LLC
Mailing Address 1427 LESLIE AVENUE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/24/2020
Amount 500090.00
Transaction ID: SE.4766
Date of Disbursement or Obligation 10/22/2020
Name of Federal Candidate: PETERS, GARY, , ,
Office Sought: Senate State: MI
Disbursement For: General 2020
Calendar Year-To-Date Per Election for Office Sought 7567045.00

(a) SUBTOTAL of Itemized Independent Expenditures 998870.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 11/30/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND
FEC IDENTIFICATION NUMBER
C C00725317

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DEL CIELO MEDIA, LLC
Mailing Address 1427 LESLIE AVENUE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/28/2020
Amount 799540.00
Transaction ID: SE.4885
Date of Disbursement or Obligation 10/23/2020

Name of Federal Candidate: PETERS, GARY, , ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

Full Name of Payee DEL CIELO MEDIA, LLC
Mailing Address 1427 LESLIE AVENUE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/28/2020
Amount 225125.00
Transaction ID: SE.5001
Date of Disbursement or Obligation 10/27/2020

Name of Federal Candidate: PETERS, GARY, , ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 1024665.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , ,

[Electronically Filed]

Date 11/30/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND
FEC IDENTIFICATION NUMBER
C C00725317

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DEL CIELO MEDIA, LLC
Mailing Address 1427 LESLIE AVENUE SUITE 102
City ALEXANDRIA State VA Zip Code 22301
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/29/2020
Amount 1250125.00
Transaction ID: SE.5119
Date of Disbursement or Obligation 10/29/2020

Name of Federal Candidate: PETERS, GARY, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

Full Name of Payee RIGEL STRATEGIES
Mailing Address 3948 LEGACY DRIVE SUITE 106282
City PLANO State TX Zip Code 75023
Purpose of Expenditure DIGITAL ADVERTISING
Date of Public Distribution/Dissemination 10/16/2020
Amount 200000.00
Transaction ID: SE.4592
Date of Disbursement or Obligation 10/16/2020

Name of Federal Candidate: JAMES, JOHN, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General 2020

(a) SUBTOTAL of Itemized Independent Expenditures 1450125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date

11/30/2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND
FEC IDENTIFICATION NUMBER
C C00725317

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DRIVE
SUITE 106282
City
PLANO State
TX Zip Code
75023
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
10 / 23 / 2020
Amount
75000.00
Transaction ID : SE.4882
Date of Disbursement or Obligation
10 / 23 / 2020

Name of Federal Candidate:
JAMES, JOHN, ,
Support Oppose
Office Sought:
House District:
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
7642045.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DRIVE
SUITE 106282
City
PLANO State
TX Zip Code
75023
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type
Date of Public Distribution/Dissemination
10 / 28 / 2020
Amount
30000.00
Transaction ID : SE.5003
Date of Disbursement or Obligation
10 / 27 / 2020

Name of Federal Candidate:
JAMES, JOHN, ,
Support Oppose
Office Sought:
House District:
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
8696710.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
105000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date
11 / 30 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
BETTER FUTURE MI FUND
FEC IDENTIFICATION NUMBER
C C00725317

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DRIVE
SUITE 106282
City
PLANO
State
TX
Zip Code
75023
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type

Date of Public Distribution/Dissemination
10 / 30 / 2020
Amount
100000.00
Transaction ID : SE.5121
Date of Disbursement or Obligation
10 / 29 / 2020

Name of Federal Candidate:
JAMES, JOHN, ,
Support
Oppose

Office Sought:
House
Senate
District:
State: MI

Calendar Year-To-Date
Per Election for Office Sought
10046835.00

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
RIGEL STRATEGIES
Mailing Address
3948 LEGACY DRIVE
SUITE 106282
City
PLANO
State
TX
Zip Code
75023
Purpose of Expenditure
DIGITAL ADVERTISING
Category/Type

Date of Public Distribution/Dissemination
11 / 01 / 2020
Amount
60000.00
Transaction ID : SE.5134
Date of Disbursement or Obligation
11 / 01 / 2020

Name of Federal Candidate:
JAMES, JOHN, ,
Support
Oppose

Office Sought:
House
Senate
District:
State: MI

Calendar Year-To-Date
Per Election for Office Sought
10106835.00

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 160000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 3738660.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,
Signature

[Electronically Filed]

Date 11 / 30 / 2020