

**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

Emmer Victory Committee

ADDRESS (number and street)

824 S Milledge Ave

Ste 101

Check if different  
than previously  
reported. (ACC)

Athens

GA

30605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00573444

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Emmer Victory CommitteeReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 10  |   | 01  |   | 2023      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 12  |   | 31  |   | 2023      |

|                                                                                                                  | COLUMN A<br>This Period          | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2023</div></div>                                 |                                  | <div><div>54509.85</div></div>    |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div><div>160656.52</div></div>  |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | <div><div>1005878.53</div></div> | <div><div>4837169.65</div></div>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div><div>1166535.05</div></div> | <div><div>4891679.50</div></div>  |
| 7. Total Disbursements (from Line 31).....                                                                       | <div><div>979606.96</div></div>  | <div><div>4704751.41</div></div>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <div><div>186928.09</div></div>  | <div><div>186928.09</div></div>   |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div>0.00</div></div>       |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div>0.00</div></div>       |                                   |



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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Emmer Victory Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 01 2023

To:

M M / D D / Y Y Y Y  
12 31 2023**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).....

951774.92

4571305.03

(ii) Unitemized .....

32103.61

51764.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

983878.53

4623069.64

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

22000.00

213700.00

(d) Total Contributions (add Lines

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

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

1005878.53

4836769.64

## 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

400.01

## 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)) .....

1005878.53

4837169.65

## 20. Total Federal Receipts

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

1005878.53

4837169.65

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 384217.70                     | 1182868.02                        |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 384217.70                     | 1182868.02                        |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 595389.26                     | 3462483.39                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 59400.00                          |
| (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                          | 59400.00                          |
| 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)) ..      | 979606.96                     | 4704751.41                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 979606.96                     | 4704751.41                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1005878.53                    | 4836769.64                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 59400.00                          |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1005878.53                    | 4777369.64                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 384217.70                     | 1182868.02                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 400.01                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 384217.70                     | 1182468.01                        |

**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 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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             |                              |                              |                             |

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)

**Emmer Victory Committee**

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

**A. AMES, RAYMOND, G., MR.,**

Mailing Address 2321 WILDWOOD COURT

City  
BURNSVILLEState  
MNZip Code  
55306-5393FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMES CONSTRUCTIONOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2023

Transaction ID : SA11A.506491

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**B. ATKINS, THOMAS, P., MR.,**Mailing Address 1201 EDGECLIFF PLACE  
APT 1061City  
CINCINNATIState  
OHZip Code  
45206-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.546620

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BACKHAUS, AMBER, M., MRS.,**

Mailing Address 5536 10TH AVE S

City  
MINNEAPOLISState  
MNZip Code  
55417-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MN AUTOMOBILE DEALERS ASSOCIATIONOccupation (for Individual)  
DIRECTOR OF GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530791

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

25250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. BAKER, MARK, , ,**

Mailing Address P.O. BOX 6383

City  
HELENAState  
MTZip Code  
59604-6383FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABS LEGAL PLLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500827

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BARRY, JANE, , ,**

Mailing Address 2960 GALE ROAD

City  
WAYZATAState  
MNZip Code  
55391-2626FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.514505

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BECKEN, HAMMON, T., MR.,**

Mailing Address 11860 21ST STREET NORTH

City  
LAKE ELMOState  
MNZip Code  
55042-9634FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514484

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

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

4500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. BERGH, KJELL, , MR.,**

Mailing Address 905 HAMPSHIRE AVE S

City  
GOLDEN VALLEYState  
MNZip Code  
55426-1708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BORTON VOLVOOccupation (for Individual)  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496031

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BIEBER, ALBERT, G., MR.,**

Mailing Address P.O. BOX 207

City  
CHINAState  
TXZip Code  
77613-0207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2023

Transaction ID : SA11A.542207

Amount of Each Receipt this Period

2400.00

☐ Memo Item  
CONTRIBUTION

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

**C. BIEBER, ALBERT, G., MR.,**

Mailing Address P.O. BOX 207

City  
CHINAState  
TXZip Code  
77613-0207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.542208

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

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

3800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. BIELING, ROGER, , ,**

Mailing Address 29 GRACE ST

City  
NEW CANAANState  
CTZip Code  
06840-6627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11A.542583

Amount of Each Receipt this Period

240.00

☐ Memo Item

CONTRIBUTION

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

**B. BIELING, ROGER, , ,**

Mailing Address 29 GRACE ST

City  
NEW CANAANState  
CTZip Code  
06840-6627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542584

Amount of Each Receipt this Period

240.00

☐ Memo Item

CONTRIBUTION

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

**C. BOND, THOMAS, M., MR.,**

Mailing Address 29 S POINT DR.

City  
ASHEVILLEState  
NCZip Code  
28804-6406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542352

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

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

980.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. BRADBURY, CURTIS, F., MR., JR.**

Mailing Address 111 CENTER STREET

City  
LITTLE ROCKState  
ARZip Code  
72201-4402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2023

Transaction ID : SA11A.477465

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROCKPAHLER, DAVID, W., ,**

Mailing Address 6835 GOOSE LAKE DR

City  
WACONIAState  
MNZip Code  
55387-9663FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DAYCO

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530759

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROKER-RELPH, MARGARET, , ,**

Mailing Address 1224 MILL CREEK CIR

City  
SAINT CLOUDState  
MNZip Code  
56303-9535FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514481

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

7750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. BUCKALEW, ADAM, , ,**

Mailing Address 227 12TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002-6315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALB SOLUTIONSOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2023

Transaction ID : SA11A.522416

Amount of Each Receipt this Period

725.00

☐ Memo Item  
CONTRIBUTION

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

**B. BURWELL, ASHLEY, , MRS.,**

Mailing Address 48026 TRADING POST ROAD

City  
SIOUX FALLSState  
SDZip Code  
57108-8240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530775

Amount of Each Receipt this Period

5800.00

☐ Memo Item  
CONTRIBUTION

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

**C. BURWELL, RODNEY, PETER, MR.,**Mailing Address 8500 NORMANDALE LAKE BLVD  
STE. 1750City  
BLOOMINGTONState  
MNZip Code  
55437-3864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BURWELL ENTERPRISES, INC.Occupation (for Individual)  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530774

Amount of Each Receipt this Period

5800.00

☐ Memo Item  
CONTRIBUTION

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

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

12325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. CHALLEY, ROBERT, , ,**Mailing Address 2960 CAMINO DIABLO  
#300City  
WALNUT CREEKState  
CAZip Code  
94597-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2023

Transaction ID : SA11A.511955

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHENEY, STEVEN, J., MR.,**

Mailing Address 11915 BASS LAKE ROAD

City  
MINNEAPOLISState  
MNZip Code  
55442-1548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496027

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. CORRIGAN, FREDRIC, W., MR.,**

Mailing Address 6509 BISCAYNE BLVD

City  
EDINAState  
MNZip Code  
55436-1702FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496030

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

51500.00

**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 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. CURRAN, WILLIAM, E., MR.,**

Mailing Address 4601 HIGHWAY A1A APT 501

City  
VERO BEACHState  
FLZip Code  
32963-1353FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2023

Transaction ID : SA11A.542398

Amount of Each Receipt this Period

480.00

☐ Memo Item  
CONTRIBUTION

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

**B. CURRAN, WILLIAM, E., MR.,**

Mailing Address 200 LEEDER HILL DR.

City  
HAMDENState  
CTZip Code  
06517-2758FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023

Transaction ID : SA11A.542582

Amount of Each Receipt this Period

480.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAHLHEIMER, JOANN, H., MRS.,**

Mailing Address 17381 173RD STREET SOUTHEAST

City  
BIG LAKEState  
MNZip Code  
55309-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530793

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

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

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

3960.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. DAILY, ROBERT, FISHER, MR.,**

Mailing Address 1127 E DEL MAR BLVD APT 214

City  
PASADENAState  
CAZip Code  
91106-3436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.542457

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEARBORN, RICK, , ,**

Mailing Address 2904 KING ST

City  
ALEXANDRIAState  
VAZip Code  
22302-3512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2023

Transaction ID : SA11A.506496

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DERHAAG, JAMES, E., MR.,**

Mailing Address 2255 PROMISE AVE

City  
SHAKOPEEState  
MNZip Code  
55379-3368FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530767

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. DIXON, CHRIS, , ,**

Mailing Address 2865 SAND HILL ROAD

City  
MENLO PARKState  
CAZip Code  
94025-7022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANDREESSEN HOROWITZOccupation (for Individual)  
GENERAL PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530975

Amount of Each Receipt this Period

11600.00

☐ Memo Item  
CONTRIBUTION

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

**B. DOHERTY, THOMAS, F., ,**

Mailing Address 130 SYLVAN ST

City  
RUTHERFORDState  
NJZip Code  
07070-2432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500829

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DOOLITTLE, MARLA, M., MS.,**

Mailing Address 666 11TH AVE APT 207

City  
FAIRBANKSState  
AKZip Code  
99701-4604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.542476

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

12600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. DORRIS, BEBE, J., ,**

Mailing Address 11836 VIENNA APPLE RD

City  
KELLERState  
TXZip Code  
76244-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542445

Amount of Each Receipt this Period

120.00

☐ Memo Item  
CONTRIBUTION

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

**B. DUGAS, MATTHEW, P., MR.,**

Mailing Address 11 WILDFLOWER PLACE

City  
NORTH OAKSState  
MNZip Code  
55127-6223FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ARCOccupation (for Individual)  
PHYSICIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530769

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDDY, ROBERT, K., ,**

Mailing Address P.O. BOX 510

City  
BIG LAKEState  
MNZip Code  
55309-0510FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2023

Transaction ID : SA11A.477464

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
CONTRIBUTION

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

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

4420.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 117  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. EMDE, RICHARD, K., MR.,**

Mailing Address 38 SEDGE FERN DR.

City  
HILTON HEAD ISLANDState  
SCZip Code  
29926-2777FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.541940

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

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

**B. FAISON, JAY, W., ,**

Mailing Address 1355 GREENWOOD CLFS STE 301

City  
CHARLOTTEState  
NCZip Code  
28204-2981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.542616

Amount of Each Receipt this Period

11600.00

☐ Memo Item

CONTRIBUTION

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

**C. FIELD, RICHARD, N., MR.,**

Mailing Address P.O. BOX 1884

City  
BIGFORKState  
MTZip Code  
59911-1884FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.542122

Amount of Each Receipt this Period

840.00

☐ Memo Item

CONTRIBUTION

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

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

12740.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. FIELD, RICHARD, N., MR.,**

Mailing Address P.O. BOX 1884

City  
BIGFORKState  
MTZip Code  
59911-1884FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.542123

Amount of Each Receipt this Period

70.00

☐ Memo Item

CONTRIBUTION

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

**B. FRAHM, DONALD, , MR.,**

Mailing Address 7 AVENUE DE LA MER APT 1006

City  
PALM COASTState  
FLZip Code  
32137-1208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542397

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

**C. FRANKMAN, LELAND, J., MR.,**Mailing Address 6938 RAIN LILY CT  
APT 103City  
NAPLESState  
FLZip Code  
34109-6124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496026

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

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

1070.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. FRAUENSHUH, DAVID, SCOTT, ,**Mailing Address 7101 W 78TH ST  
STE 100City  
MINNEAPOLISState  
MNZip Code  
55439-2527FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FRENHSHUH INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.489467

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**B. GARZIK, JEFFREY, M., MR.,**

Mailing Address 2707 HAWTHORNE DRIVE NORTHEAST

City  
ATLANTAState  
GAZip Code  
30345-1329FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BLOQOccupation (for Individual)  
CO-FOUNDER, CEO/CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

36600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.515862

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GIBBS, JOHN, P., MR.,**

Mailing Address 7601 AUTO CLUB RD

City  
BLOOMINGTONState  
MNZip Code  
55438-2426FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
COMCASTOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530780

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

36000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. GRAY, MARCUS, DEON, MR.,**

Mailing Address 6209 S INDIANA AVE APT 2

City  
CHICAGOState  
ILZip Code  
60637-2255FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAKE.COM INCOccupation (for Individual)  
MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542344

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. GREEN, JEFF, A., ,**

Mailing Address 10704 ALLOWAY DRIVE

City  
POTOMACState  
MDZip Code  
20854-1601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J.A. GREEN & CO.Occupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.514506

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HADLEY, CHARLES, A., MRS.,**

Mailing Address 4840 THUNDERBIRD DR. APT 383

City  
BOULDERState  
COZip Code  
80303-3830FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2023

Transaction ID : SA11A.542450

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. HAEHN, ERIC, B., ,**

Mailing Address 14274 265TH AVE NW

City  
ZIMMERMANState  
MNZip Code  
55398-9235FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRADIENT TECHNOLOGYOccupation (for Individual)  
PRESIDENT CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530765

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAGLUND, JAMES, J., ,**

Mailing Address 3901 85TH AVE N

City  
MINNEAPOLISState  
MNZip Code  
55443-1907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.514503

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANNA, FRANK, J., , III**

Mailing Address 5 CONCOURSE PKWY STE 200

City  
ATLANTAState  
GAZip Code  
30328-6157FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500836

Amount of Each Receipt this Period

6600.00

☐ Memo Item  
CONTRIBUTION

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

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

13100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HARLIN, ANDREA, C., MRS.,**

Mailing Address 1491 MCCARTHY RD

City  
EAGANState  
MNZip Code  
55121-1904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SANOFIOccupation (for Individual)  
DIRECTOR STATE GOVERNMENT AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530778

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HASLAM, JAMES, A., MR., III**

Mailing Address P.O. BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PILOT OILOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.515863

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HASLAM, SUSAN, B., MRS.,**

Mailing Address P.O. BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIVR MEDIAOccupation (for Individual)  
FILM DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023

Transaction ID : SA11A.515864

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

50250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HE, LINGLONG, , ,**

Mailing Address 30925 FRANKLIN OAKS TRL

City  
FRANKLINState  
MIZip Code  
48025-1406FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROCKET CENTRALOccupation (for Individual)  
CHIEF LEADERSHIP ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 08 / 2023

Transaction ID : SA11A.468547

Amount of Each Receipt this Period

1400.00

☐ Memo Item  
CONTRIBUTION

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

**B. HENDERSON, STUART, C., MR.,**

Mailing Address 4290 CIRCLE RD

City  
EXCELSIORState  
MNZip Code  
55331-9507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530768

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HERSHEY CARR, JULIE, , ,**

Mailing Address 1735 FAIRVIEW AVENUE, MCLEAN VA 22

City  
MCLEANState  
VAZip Code  
22101-4709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KDCR PARTNERSOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2023

Transaction ID : SA11A.522417

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HERSON, MICHAEL, , ,**Mailing Address 1100 NEW YORK AVE NW  
STE 630City  
WASHINGTONState  
DCZip Code  
20005-3936FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AMERICAN DEFENSE INTERNATIONAL, INC.Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2023

Transaction ID : SA11A.499242

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HIGGINS, PAUL, , MR.,**

Mailing Address 1250 BLUE HAVEN DR.

City  
MUSTANGState  
OKZip Code  
73064-2918FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.542491

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOLLY, JOSH, , ,**

Mailing Address 825 SOUTH MONROE STREET

City  
ARLINGTONState  
VAZip Code  
22204-1537FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOLLY STRATEGIES INCORPORATEDOccupation (for Individual)  
GOVERNMENT AND PUBLIC RELATIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.499243

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HORSTICK, DAVID, , MR.,**

Mailing Address N23W27193 SHELLEY LYNN DR.

City  
PEWAUKEEState  
WIZip Code  
53072-4540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.542540

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

**B. IONATA, FRED, , MR.,**

Mailing Address 1782 ROYAL OAK PL W

City  
DUNEDINState  
FLZip Code  
34698-2431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.542512

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. IONATA, FRED, , MR.,**

Mailing Address 1782 ROYAL OAK PL W

City  
DUNEDINState  
FLZip Code  
34698-2431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2023

Transaction ID : SA11A.542513

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. JACOBSEN, MELANIE, SIMMONS, MRS.,**

Mailing Address 6800 HILLMEAD ROAD

City  
BETHESDAState  
MDZip Code  
20817-3026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500833

Amount of Each Receipt this Period

6600.00

☐ Memo Item  
CONTRIBUTION

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

**B. JAMIESON, DOROTHY, A., MRS.,**

Mailing Address 10354 QUAIL CROWN DR.

City  
NAPLESState  
FLZip Code  
34119-8832FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.542401

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. JAMIESON, DOROTHY, A., MRS.,**

Mailing Address 10354 QUAIL CROWN DR.

City  
NAPLESState  
FLZip Code  
34119-8832FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.542402

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

7100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. JANISCH, GARY, C., MR.,**

Mailing Address 264 77TH STREET SOUTHEAST

City  
DELANOState  
MNZip Code  
55328-8003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HJ DEVELOPMENTOccupation (for Individual)  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496033

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. JOHNSON, KRISTIN, A., MS.,**

Mailing Address 4274 CREEKSIDE WAY

City  
MINNETRISTAState  
MNZip Code  
55331-2142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERIPRISE FINANCIALOccupation (for Individual)  
PARAPLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514482

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. JUDGE, KEN, G., MR.,**

Mailing Address 637 HERON CT.

City  
SAINT PAULState  
MNZip Code  
55128-5381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRESIDENTOccupation (for Individual)  
COMPACTION TECNHNOLOGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.521619

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. KARP, ALEXANDER, C., DR.,**Mailing Address CONSTITUTION DRIVE  
SUITE 100City  
BEDFORDState  
NHZip Code  
03110-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PALANTIR TECHNOLOGIES INC.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.487900

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**B. KELLEY, VERNON, R., ,**

Mailing Address 17537 KODIAK CT.

City  
LAKEVILLEState  
MNZip Code  
55044-9271FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.535072

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. KELLOGG, ESTHER, , ,**

Mailing Address 339 MOUNT CURVE BOULEVARD

City  
SAINT PAULState  
MNZip Code  
55105-1217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2023

Transaction ID : SA11A.468546

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

26500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. KING, RUSSELL, S., ,**

Mailing Address 2700 LOUISIANA AVE S #26216

City

ST. LOUIS PARK

State

MN

Zip Code

55426-3192

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

Name of Employer (for Individual)

KING CAPITAL CORPORATION

Occupation (for Individual)

CEO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2023        |

Transaction ID : SA11A.530758

Amount of Each Receipt this Period

30000.00

☐ Memo Item

CONTRIBUTION

SEE REATTRIBUTION

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

**B. KING, ANDREA, S., ,**

Mailing Address 2700 LOUISIANA AVE S #26216

City

ST. LOUIS PARK

State

MN

Zip Code

55426-3192

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

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2023        |

Transaction ID : SA11A.530978

Amount of Each Receipt this Period

15000.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

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

**C. KING, RUSSELL, S., ,**

Mailing Address 2700 LOUISIANA AVE S #26216

City

ST. LOUIS PARK

State

MN

Zip Code

55426-3192

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

Name of Employer (for Individual)

KING CAPITAL CORPORATION

Occupation (for Individual)

CEO

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 27    |   | 2023        |

Transaction ID : SA11A.530979

Amount of Each Receipt this Period

- 15000.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

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

30000.00

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 PageFOR LINE NUMBER: PAGE 30 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. KLEIN, DANIEL, G., MR.,**

Mailing Address 6598 SMITHTOWN RD

City  
EXCELSIORState  
MNZip Code  
55331-8210FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514485

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

**B. KNIGHT, GERARD, S., MR.,**

Mailing Address 5300 BOONE AVE N

City  
NEW HOPEState  
MNZip Code  
55428-4054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WAYMOUTH FARMSOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496028

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. KROLL, MARK, W., ,**

Mailing Address PO BOX 23

City  
CRYSTAL BAYState  
MNZip Code  
55323-0023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.516679

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

SEE REATTRIBUTION

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

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

12500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. KROLL, LORI, , ,**

Mailing Address P.O. BOX 23

City  
CRYSTAL BAYState  
MNZip Code  
55323-0023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.530976

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE; REATTRIBUTION  
/ REDESIGNATION REQUESTED

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

**B. KROLL, MARK, W., ,**

Mailing Address PO BOX 23

City  
CRYSTAL BAYState  
MNZip Code  
55323-0023FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.530977

Amount of Each Receipt this Period

- 5000.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

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

**C. LATOUR, PHYLLIS, R., MS.,**

Mailing Address 1640 SOUTH 5TH WEST STREET

City  
MOUNTAIN HOMEState  
IDZip Code  
83647-3366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496029

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. LIEBE, CHARLES, A., MRS.,**

Mailing Address 116 COUNTRY CLUB DR.

City  
MILBANKState  
SDZip Code  
57252-5423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 05 2023

Transaction ID : SA11A.542424

Amount of Each Receipt this Period

48.00

☐ Memo Item  
CONTRIBUTION

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

**B. LIEBE, CHARLES, A., MRS.,**

Mailing Address 116 COUNTRY CLUB DR.

City  
MILBANKState  
SDZip Code  
57252-5423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 22 2023

Transaction ID : SA11A.542425

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

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

**C. LOCKRIDGE, RICHARD, A., MR.,**Mailing Address 11170 AQUA VISTA STREET  
APT B302City  
NORTH HOLLYWOODState  
CAZip Code  
91602-3167FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LOCKRIDGE GRINDAL NAUENOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 27 2023

Transaction ID : SA11A.530783

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2248.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. LONERGAN, JOHN, F., ,**

Mailing Address 5115 52ND ST NW

City  
WASHINGTONState  
DCZip Code  
20016-4379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500832

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. LOON, JENIFER, W., MRS.,**

Mailing Address 10131 PHAETON DR.

City  
EDEN PRAIRIEState  
MNZip Code  
55347-4733FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MINNESOTA HOUSE OF REPRESENTATIVES

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530786

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

**C. MAHONEY, KIERAN, , ,**

Mailing Address 16603 MILLAN DE AVILA

City  
TAMPAState  
FLZip Code  
33613-1068FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500830

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

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

3750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. MAKINSON, DONALD, W., MR.,**

Mailing Address 7201 PROSPECT PL NE APT 322

City  
ALBUQUERQUEState  
NMZip Code  
87110-4246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.542247

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. MARIOTTI, ROBERT, R., MR.,**

Mailing Address 413 BUTTERNUT LANE SOUTHEAST

City  
SAINT MICHAELState  
MNZip Code  
55376-9709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530770

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

**C. MARIOTTI, ROBERT, R., MR.,**

Mailing Address 413 BUTTERNUT LANE SOUTHEAST

City  
SAINT MICHAELState  
MNZip Code  
55376-9709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.535074

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. MCCARTHY, EDWIN, J., ,**Mailing Address 345 SAINT PETER ST  
STE 2020City  
SAINT PAULState  
MNZip Code  
55102-1221FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023**Transaction ID : SA11A.535071**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCCRUM, EVERETT, S., MRS.,**

Mailing Address 3 STONEGATE CT

City  
BROWNWOODState  
TXZip Code  
76801-7822FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11A.542446**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCGILLICUDDY, DENNIS, J., MR.,**

Mailing Address 3827 FLAMINGO AVENUE

City  
SARASOTAState  
FLZip Code  
34242-1011FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11A.515861**

Amount of Each Receipt this Period

25000.00

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

30250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. MCLAREN, JAY, , MR.,**

Mailing Address 515 HARBOR CT

City  
SHOREVIEWState  
MNZip Code  
55126-1936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496023

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCSHERRY, MICHAEL, T., ,**

Mailing Address 6247 AUBURN LEAF LANE

City  
ALEXANDRIAState  
VAZip Code  
22312-3909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.542615

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MERZ, THOMAS, J., MR.,**

Mailing Address 19785 LAKEVIEW AVE

City  
EXCELSIORState  
MNZip Code  
55331-9351FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.535075

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 117  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. MESSNER, JAMES, W., ,**

Mailing Address 1430 W ST NW APT 21

City  
WASHINGTONState  
DCZip Code  
20009-5821FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 20    |   | 2023        |

**Transaction ID : SA11A.500828**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

**B. MICHEL, CHARLES, J., MR.,**

Mailing Address 1731 SUMMIT AVE

City  
ST PAULState  
MNZip Code  
55105-1833FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2023        |

**Transaction ID : SA11A.496032**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. MIHAJLOV, PETER, J., MR.,**

Mailing Address 30 ECHO BAY DRIVE

City  
TONKA BAYState  
MNZip Code  
55331-9586FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

PARAROZA RESTAURANT HOLDING, INC

Occupation (for Individual)

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 14    |   | 2023        |

**Transaction ID : SA11A.496024**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. MIHAJLOV, PETER, J., MR.,**

Mailing Address 30 ECHO BAY DRIVE

City  
TONKA BAYState  
MNZip Code  
55331-9586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARAROZA RESTAURANT HOLDING, INCOccupation (for Individual)  
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530766

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MILLER, HARVEY, L., MR.,**

Mailing Address 1538 BRAE BURN CT

City  
RIVERWOODSState  
ILZip Code  
60015-1710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2023

Transaction ID : SA11A.542490

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

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

**C. MUSSER, FRED, A., MR., JR.**

Mailing Address 1880 ROUTE 119 HWY N

City  
INDIANAState  
PAZip Code  
15701-7341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.541877

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

2200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. NELSON, KENNETH, L., MR.,**

Mailing Address P.O. BOX 230

City  
PERHAMState  
MNZip Code  
56573-0230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KENNY'S CANDYOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2023

Transaction ID : SA11A.477467

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

**B. NELSON, KENNETH, L., MR.,**

Mailing Address P.O. BOX 230

City  
PERHAMState  
MNZip Code  
56573-0230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KENNY'S CANDYOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514480

Amount of Each Receipt this Period

8500.00

☐ Memo Item  
CONTRIBUTION

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

**C. NELSON, MICHAEL, C., MR.,**

Mailing Address 5329 W 61ST ST

City  
EDINAState  
MNZip Code  
55436-2656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE FARMOccupation (for Individual)  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530789

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. NORRIS, MARILYN, S., ,**

Mailing Address 402 FAIRWAY DR. NE

City  
WARRENState  
OHZip Code  
44483-5630FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.542038

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. O'SHAUGHNESSY, MICHAEL, D., ,**

Mailing Address 6423 CITY WEST PKWY

City  
EDEN PRAIRIEState  
MNZip Code  
55344-3246FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

ELEMENT ELECTRONICS

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.534663

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**C. OLIVER, WYNELL, C., MS.,**

Mailing Address 1028 N PLANTATION PKWY

City  
MACONState  
GAZip Code  
31220-2816FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.541948

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

10750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. OLIVER, WYNELL, C., MS.,**

Mailing Address 1028 N PLANTATION PKWY

City  
MACONState  
GAZip Code  
31220-2816FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.541949

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. OREN, DONALD, G., MR.,**

Mailing Address 3105 SANDY HOOK DR

City  
ROSEVILLEState  
MNZip Code  
55113-2128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DART TRANSIT CO.Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.535073

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAGE, GREGORY, R., ,**

Mailing Address 7075 HIGHWAY 12

City  
MAPLE PLAINState  
MNZip Code  
55359-9711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.489465

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

15500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. PAGE, GREGORY, R., ,**

Mailing Address 7075 HIGHWAY 12

City  
MAPLE PLAINState  
MNZip Code  
55359-9711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.489466

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PALDA, JAY, C., MR.,**

Mailing Address 14247 SHADY BEACH TRL NE

City  
PRIOR LAKEState  
MNZip Code  
55372-1349FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530773

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAPENFUSS, JERRY, , MR.,**Mailing Address 902 E 2ND ST.  
#110City  
WINONAState  
MNZip Code  
55987-6355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530771

Amount of Each Receipt this Period

1500.00

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

22000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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                    |                              |                              |                             |

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)

**Emmer Victory Committee**

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

**A. PARK, PHIL, W., ,**

Mailing Address 1601 MADDUX LANE

City  
MCLEANState  
VAZip Code  
22101-3230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTRIAOccupation (for Individual)  
DIRECTOR FEDERAL GOVERNMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2023

Transaction ID : SA11A.486402

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. PARKER, EARL, , ,**

Mailing Address 921 LOCHLYN HILL LANE

City  
CHARLOTTESVILLEState  
VAZip Code  
22901-3753FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMMONWEALTH SENIOR LIVINGOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11A.514507

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**C. RAMSAY, DONNA, K., MS.,**

Mailing Address 33 CRESCENT TERRACE

City  
EDINAState  
MNZip Code  
55436-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.514483

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

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

6100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. REGER, BRITTANY, , ,**

Mailing Address 426 FERNDAL ROAD SOUTH

City  
WAYZATAState  
MNZip Code  
55391-1510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2023

Transaction ID : SA11A.484294

Amount of Each Receipt this Period

511.95

☐ Memo Item

CONTRIBUTION

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

**B. REIF, ELIZABETH, M., MS.,**

Mailing Address 919 DE LEON DR.

City  
EL PASOState  
TXZip Code  
79912-4948FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.542217

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

**C. REINHARD, DONALD, G., MR.,**

Mailing Address 75 HARVARD AVE

City  
PALMERTONState  
PAZip Code  
18071-1212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PENCOV SERVICE IND.

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.542550

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

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

1261.95

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. REINHARD, DONALD, G., MR.,**

Mailing Address 75 HARVARD AVE

City  
PALMERTONState  
PAZip Code  
18071-1212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PENCOV SERVICE IND.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.542551

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. REISER, MARTIN, , ,**

Mailing Address 303 D STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-2025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
S-3 GROUPOccupation (for Individual)  
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.519216

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROBBINS, BRENT, , MR.,**

Mailing Address 7730 ZANZIBAR LANE N

City  
MAPLE GROVEState  
MNZip Code  
55311-3706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENERAL MILLSOccupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530784

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

3500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. ROLLIN, SCOTT, , ,**

Mailing Address 2050 WOODSTONE DRIVE

City  
VICTORIAState  
MNZip Code  
55386-9642FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
COMPENSATION CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.522414

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. RUSSOMANNO, FRANK, , MR.,**

Mailing Address 12410 COBBLESTONE LN

City  
ROSEMOUNTState  
MNZip Code  
55068-3549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.521620

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

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

**C. SACKETT, DEAN, L., , III**

Mailing Address 8541 RIVERSIDE RD

City  
ALEXANDRIAState  
VAZip Code  
22308-2206FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANKLIN TEMPLETONOccupation (for Individual)  
ATTORNEY / LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.499244

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. SACKETT, DEAN, L., , III**

Mailing Address 8541 RIVERSIDE RD

City  
ALEXANDRIAState  
VAZip Code  
22308-2206FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANKLIN TEMPLETONOccupation (for Individual)  
ATTORNEY / LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.514502

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHROEDER, WALTER, D., MR.,**

Mailing Address 8101 LA PALMA DR.

City  
HUNTINGTN BCHState  
CAZip Code  
92646-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023

Transaction ID : SA11A.489475

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHROEDER, WALTER, D., MR.,**

Mailing Address 8101 LA PALMA DR.

City  
HUNTINGTN BCHState  
CAZip Code  
92646-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2023

Transaction ID : SA11A.542336

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 117  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. SCHROEDER, WALTER, D., MR.,**

Mailing Address 8101 LA PALMA DR.

City  
HUNTINGTN BCHState  
CAZip Code  
92646-1655FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.542337

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHUSTER, LAWRENCE, D., DR.,**

Mailing Address 4430 W LAKE HARRIET PKY APT 301

City  
MINNEAPOLISState  
MNZip Code  
55410-1960FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.496025

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHUTZ, RONALD, E., MR.,**

Mailing Address 865 NAVAJO RD W

City  
HAMELState  
MNZip Code  
55340-9487FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ROBINS KAPLAN LLPOccupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.516680

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. SHAVER, MAUREEN, T., MS.,**

Mailing Address 20390 CARSON RD

City  
EXCELSIORState  
MNZip Code  
55331-9305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PUBLIC AFFAIRS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530781

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SILENOK, ELENA, , MS.,**

Mailing Address 2865 SAND HILL ROAD

City  
MENLO PARKState  
CAZip Code  
94025-7022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530974

Amount of Each Receipt this Period

11600.00

☐ Memo Item  
CONTRIBUTION

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

**C. SILL, MIKE, , , II**

Mailing Address 3660 NORTHOME ROAD

City  
WAYZATAState  
MNZip Code  
55391-3021FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2023

Transaction ID : SA11A.505446

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

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

13850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. SIRACUSE, KRAIG, M., ,**

Mailing Address 2201 WOODMONT RD

City  
ALEXANDRIAState  
VAZip Code  
22307-1157FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2023

Transaction ID : SA11A.484292

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, GENE, , ,**

Mailing Address P.O. BOX 1220

City  
CONROEState  
TXZip Code  
77305-1220FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.542205

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. STACH, DEIRDRE, E., ,**

Mailing Address 5309 DUVALL DR

City  
BETHESDAState  
MDZip Code  
20816-1873FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500831

Amount of Each Receipt this Period

500.00

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 117

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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                    |                              |                              |                             |

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)

**Emmer Victory Committee**

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

**A. STANARD, JAMES, N., ,**

Mailing Address 570 S SPOONBILL DR

City  
SARASOTAState  
FLZip Code  
34236-1820FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RENAISSANCEREOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11A.500834

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. STANDLEY, W, DON, MR.,**

Mailing Address P.O. BOX 1014

City  
JOSHUAState  
TXZip Code  
76058-1014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
HOME BREEDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.542561

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. STEINMAN, M, D., MR.,**

Mailing Address P.O. BOX 810667

City  
BOCA RATONState  
FLZip Code  
33481-0667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.541971

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

51250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. STOMBRES, STEVE, C., ,**

Mailing Address 10092 DANIELS RUN WAY

City  
FAIRFAXState  
VAZip Code  
22030-2448FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HARBINGER STRATEGIESOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2023

Transaction ID : SA11A.522415

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. STUART, MARIE, W., MRS.,**

Mailing Address 430 VILLAGE PL APT 114

City  
LONGWOODState  
FLZip Code  
32779-6006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.541958

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. THEILMANN, RICHARD, D., MR.,**

Mailing Address 2430 WINTER CIRCLE

City  
WAYZATAState  
MNZip Code  
55391-2420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530763

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. THIES, DAVID, R., MR.,**Mailing Address 7250 LEWIS RIDGE PKWY  
#206City  
EDINAState  
MNZip Code  
55439-1938FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530772

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. THOMPSON, DONALD, O., MR.,**

Mailing Address 8393 PROVIDENCE RD

City  
CHARLOTTEState  
NCZip Code  
28277-9753FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023

Transaction ID : SA11A.521521

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. THRANE, PETER, H., MR.,**

Mailing Address 38 RAVEN RD

City  
SAINT PAULState  
MNZip Code  
55127-2018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEONARD STREET AND DEINARDOccupation (for Individual)  
LOBBYIST # 8993

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530779

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

25750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. TRYON, WARREN, W., ,**Mailing Address 225 12TH STREET NORTHEAST  
APT 2City  
WASHINGTONState  
DCZip Code  
20002-6315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL COUNSELOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2023

Transaction ID : SA11A.486401

Amount of Each Receipt this Period

1250.00

☐ Memo Item  
CONTRIBUTION

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

**B. TRYON, WARREN, W., ,**Mailing Address 225 12TH STREET NORTHEAST  
APT 2City  
WASHINGTONState  
DCZip Code  
20002-6315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITOL COUNSELOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023

Transaction ID : SA11A.522418

Amount of Each Receipt this Period

1250.00

☐ Memo Item  
CONTRIBUTION

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

**C. VALACH, KENNETH, J., MR.,**

Mailing Address 5 LAZEE TRAIL

City  
HOUSTONState  
TXZip Code  
77024-5006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2023

Transaction ID : SA11A.477466

Amount of Each Receipt this Period

11600.00

☐ Memo Item  
CONTRIBUTION

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

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

14100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. VESEL, MARGARET, M., MRS.,**

Mailing Address 359 KOEHLER RD

City  
SAINT PAULState  
MNZip Code  
55127-7011FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
LARKIN HOFFMANOccupation (for Individual)  
LOBBYIST #3770

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023**Transaction ID : SA11A.530792**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WALTON, S., ROBSON, ,**

Mailing Address PO BOX 1860

City  
BENTONVILLEState  
ARZip Code  
72712-1860FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2023**Transaction ID : SA11A.465253**

Amount of Each Receipt this Period

6600.00

☐ Memo Item  
CONTRIBUTION

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

**C. WHITECAR, JOHN, P., DR., JR.**

Mailing Address 249 GURLIE MALONE RD

City  
CALEDONIAState  
MSZip Code  
39740-9226FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
COLUMBUS HEMATOLOGY & ONCOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2023**Transaction ID : SA11A.542341**

Amount of Each Receipt this Period

250.00

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

7100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. YOUNGDAHL, LISA, H., MRS.,**

Mailing Address 3825 NORTHOME RD

City  
WAYZATAState  
MNZip Code  
55391-3024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FUND CONSTRUCTIONOccupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530764

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. AGUA CALIENTE BAND OF CAHUILLA INDIANS**

Mailing Address 5401 DINAH SHORE DR

City  
PALM SPRINGSState  
CAZip Code  
92264-5970FEC 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 ▼

6700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11A.487899

Amount of Each Receipt this Period

6700.00

☐ Memo Item  
CONTRIBUTION

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

**C. AK-CHIN INDIAN COMMUNITY**

Mailing Address 42507 WEST PETERS &amp; NALL ROAD

City  
MARICOPAState  
AZZip Code  
85138-3940FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.542617

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

13700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 117  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. PRAIRIE ISLAND TRIBAL COUNCIL**

Mailing Address 5636 STURGEON LAKE RD

City  
WELCHState  
MNZip Code  
55089-9635FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530760

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2023

Transaction ID : SA11C.467066

Amount of Each Receipt this Period

6600.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. HANNA, DAVID, , ,**

Mailing Address 5 CONCOURSE PARKWAY

City  
SANDY SPRINGSState  
GAZip Code  
30328-5350FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2023

Transaction ID : SA11A.467067

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

11600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2023

Transaction ID : SA11C.473261

Amount of Each Receipt this Period

3315.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. BECK, CHRISTOPHE, , ,**

Mailing Address 6250 RIDGE ROAD

City  
CHANHASSENState  
MNZip Code  
55317-9438FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ECOLAB INC.Occupation (for Individual)  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2023

Transaction ID : SA11A.473262

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2023

Transaction ID : SA11C.479408

Amount of Each Receipt this Period

13278.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. DE NICOLA, ANTHONY, J., ,**

Mailing Address 732 N. MANASOTA KEY RD

City  
ENGLEWOODState  
FLZip Code  
34223-9757FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WELSH, CARSON, ANDERSON & STOWEOccupation (for Individual)  
PRESIDENT & MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 19 2023**Transaction ID : SA11A.479409**

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. DE NICOLA, ANTHONY, J., ,**

Mailing Address 732 N. MANASOTA KEY RD

City  
ENGLEWOODState  
FLZip Code  
34223-9757FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WELSH, CARSON, ANDERSON & STOWEOccupation (for Individual)  
PRESIDENT & MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 19 2023**Transaction ID : SA11A.479410**

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. GARG, AVICHAL, , ,**

Mailing Address 855 EL CAMINO REAL, #13A-112

City  
PALO ALTOState  
CAZip Code  
94301-2305FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ELECTRIC CAPITALOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 15 2023**Transaction ID : SA11A.479413**

Amount of Each Receipt this Period

6600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

13200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 117  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. GIULIO, RUSSELL, , ,**

Mailing Address 3833 REMINGTON

City  
EAST HELENAState  
MTZip Code  
59635-3431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2023

Transaction ID : SA11A.479415

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. PALERMO, MARK, , ,**

Mailing Address 246 GARFIELD PL

City  
BROOKLYNState  
NYZip Code  
11215-2207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
LAW, CONSULTING, INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2023

Transaction ID : SA11A.479411

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. URANO, ANTHONY, , ,**

Mailing Address 597A 18TH STREET

City  
BROOKLYNState  
NYZip Code  
11218-1166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2023

Transaction ID : SA11A.479414

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 117  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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             |                              |                              |                             |

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)

**Emmer Victory Committee**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2023**Transaction ID : SA11C.479416**

Amount of Each Receipt this Period

1055.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. GRANT, ROBERT, , ,**

Mailing Address 2028 OAKLEY AVENUE

City  
MENLO PARKState  
CAZip Code  
94025-6050FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RIPPLE

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2023**Transaction ID : SA11A.479419**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WIENS, HAROLD, J., ,**

Mailing Address 8565 136TH ST N

City  
HUGOState  
MNZip Code  
55038-9135FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

NONE

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2023**Transaction ID : SA11A.479418**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1050.00

**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: PAGE 62 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2023

Transaction ID : SA11C.488627

Amount of Each Receipt this Period

3313.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. ANDOLSHEK, RICHARD, , ,**

Mailing Address 527 RIVER ST

City  
MINNEAPOLISState  
MNZip Code  
55401-2512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2023

Transaction ID : SA11A.488631

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. HASELOW, BOB, W., DR.,**

Mailing Address 6408 INTERLACHEN BOULEVARD

City  
EDINAState  
MNZip Code  
55436-1002FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MINNEAPOLIS RADIATION ONCOLOGYOccupation (for Individual)  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2023

Transaction ID : SA11A.488628

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. KNIGHT, PG, , ,**

Mailing Address 725 FERNDAL ROAD N

City  
WAYZATAState  
MNZip Code  
55391-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSFOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2023

Transaction ID : SA11A.488630

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. LOCKHART, THEODORE, C., ,**

Mailing Address 5342 PAOLA CIRCLE

City  
MINNEAPOLISState  
MNZip Code  
55437-1052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GDMSOccupation (for Individual)  
CHIEF ARCHITECT ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2023

Transaction ID : SA11A.488636

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MILLER, CAROLE, , ,**

Mailing Address 15922 71ST STREET NORTHEAST

City  
OTSEGOState  
MNZip Code  
55330-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2023

Transaction ID : SA11A.488632

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. NGUYEN, TIEN, , ,**

Mailing Address 95 SYDENHAM ROAD

City  
ROCHESTERState  
NYZip Code  
14609-3222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2023

Transaction ID : SA11A.488638

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. PETERSON, GREGG, I., ,**

Mailing Address 250 PEAVEY LANE

City  
WAYZATAState  
MNZip Code  
55391-1523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2023

Transaction ID : SA11A.488629

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. SEATON, DOUG, H., MR.,**

Mailing Address 1241 GULF OF MEXICO DR. UNIT 503

City  
LONGBOAT KEYState  
FLZip Code  
34228-4621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UMLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2023

Transaction ID : SA11A.488635

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 117

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. UNDERSANDER, ROB, , ,**

Mailing Address 8497 OLD HIGHWAY ROAD NORTH

City  
ST. CLOUDState  
MNZip Code  
56301-9493FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2023

Transaction ID : SA11A.488633

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2023

Transaction ID : SA11C.495305

Amount of Each Receipt this Period

100015.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. HILL, VERNON, , ,**

Mailing Address 262 E MAIN ST MOORESTOWN NJ

City  
MOORESTOWNState  
NJZip Code  
08057-2931FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SITE DEVELOPMENTOccupation (for Individual)  
EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

102500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2023

Transaction ID : SA11A.495306

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

100250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023

Transaction ID : SA11C.501362

Amount of Each Receipt this Period

45053.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. GIULIO, RUSSELL, , ,**

Mailing Address 3833 REMINGTON

City  
EAST HELENAState  
MTZip Code  
59635-3431FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2023

Transaction ID : SA11A.501365

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. POPOLO, JOE, , ,**

Mailing Address 9002 DOUGLAS AVE.

City  
DALLASState  
TXZip Code  
75225-3009FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHARLES POTOMAC CAPITAL, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2023

Transaction ID : SA11A.501366

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

20025.00

**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: PAGE 67 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. STAHL, LEWIS, , ,**

Mailing Address 6398 AVALON POINTE COURT

City  
BOCA RATONState  
FLZip Code  
33496-4007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEXTGEN MANAGEMENT LLCOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2023

Transaction ID : SA11A.501367

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. URANO, ANTHONY, , ,**

Mailing Address 597A 18TH STREET

City  
BROOKLYNState  
NYZip Code  
11218-1166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2023

Transaction ID : SA11A.501364

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2023

Transaction ID : SA11C.505443

Amount of Each Receipt this Period

15000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

25025.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. JONES, NORMAN, , ,**

Mailing Address 225 S. 6TH STREET, SUITE 3500

City  
MINNEAPOLISState  
MNZip Code  
55402-4629FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINTHROP WEINSTINEOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2023

Transaction ID : SA11A.505445

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. ORSER, HENSON, , ,**

Mailing Address 91 PARISH LANE

City  
NEW CANAANState  
CTZip Code  
06840-4400FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2023

Transaction ID : SA11A.505444

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2023

Transaction ID : SA11C.511200

Amount of Each Receipt this Period

5113.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

15000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. FEIG, JEFFREY, , ,**

Mailing Address 888 7TH AVENUE

City  
NEW YORKState  
NYZip Code  
10106-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JEDOR CAPITALOccupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2023

Transaction ID : SA11A.511202

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MILLER, CAROLE, , ,**

Mailing Address 15922 71ST STREET NORTHEAST

City  
OTSEGOState  
MNZip Code  
55330-4801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2023

Transaction ID : SA11A.511204

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. NGUYEN, TIEN, , ,**

Mailing Address 95 SYDENHAM ROAD

City  
ROCHESTERState  
NYZip Code  
14609-3222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2023

Transaction ID : SA11A.511208

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

2050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. PACCHIA, THOMAS, , ,**

Mailing Address 450 NORTH END AVENUE

City  
NEW YORKState  
NYZip Code  
10282-1105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PUBKEYOccupation (for Individual)  
BITCOIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2023

Transaction ID : SA11A.511203

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. THORN, CRAIG, , ,**

Mailing Address 2017 SAINT MARYS ST

City  
RALEIGHState  
NCZip Code  
27608-2248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GALAXY DIGITALOccupation (for Individual)  
HEAD OF RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2023

Transaction ID : SA11A.511205

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WIENS, HAROLD, J., ,**

Mailing Address 8565 136TH ST N

City  
HUGOState  
MNZip Code  
55038-9135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2023

Transaction ID : SA11A.511209

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

2050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 117  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. WILLIAMS, JEFFREY, , ,**

Mailing Address 2126 CONNECTICUT AVE, NW, APT 36

City  
WASHINGTONState  
DCZip Code  
20008-1701FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GALAXY DIGITALOccupation (for Individual)  
HEAD OF POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2023**Transaction ID : SA11A.511201**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11C.515847**

Amount of Each Receipt this Period

14765.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. AKBAR, MURTAZA, , ,**

Mailing Address 551 WEST 21ST STREET, 9B

City  
NEW YORKState  
NYZip Code  
10011-2897FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
LIBERTY CITY VENTURESOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2023**Transaction ID : SA11A.515859**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. ARMAO, JOSEPH, , ,**

Mailing Address 666 GREENWICH STREET, APT PH22

City  
NEW YORKState  
NYZip Code  
10014-6329FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SENATOR INVESTMENT GROUPOccupation (for Individual)  
INVESTMENT PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.515851

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. AZARI SOUFIANI, HOSSEIN, , ,**

Mailing Address 3 JAY CT

City  
WHITE PLAINSState  
NYZip Code  
10607-2601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CMORQ INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.515853

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. GIANCARLO, LUKE, , ,**

Mailing Address 165 MYRTLE STREET

City  
HAWORTHState  
NJZip Code  
07641-1617FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACCENTUREOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.515854

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HESSERT, WILLIAM, , ,**

Mailing Address 1000 SOUTH POINTE DRIVE

City  
MIAMI BEACHState  
FLZip Code  
33139-7319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
STATISTICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.515850

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. LOCKHART, THEODORE, C., ,**

Mailing Address 5342 PAOLA CIRCLE

City  
MINNEAPOLISState  
MNZip Code  
55437-1052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GDMSOccupation (for Individual)  
CHIEF ARCHITECT ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.515856

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MOE, DAVID, , ,**

Mailing Address 870 BLUFF CIRCLE

City  
MENDOTA HEIGHTSState  
MNZip Code  
55118-2746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE TORO COMPANYOccupation (for Individual)  
FINANCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2023

Transaction ID : SA11A.515855

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. NOVOGRATZ, MICHAEL, , ,**

Mailing Address 107 GRAND STREET

City  
NEW YORKState  
NYZip Code  
10013-5903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GALAXY DIGIRITALOccupation (for Individual)  
FOUND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.515852

Amount of Each Receipt this Period

6000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. STERN, BRIAN, , ,**

Mailing Address 169A STANWICH ROAD

City  
GREENWICHState  
CTZip Code  
06830-4019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DECLARATION PARTNERS, LPOccupation (for Individual)  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.515848

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. TSE, IRENE, , ,**

Mailing Address 140 MANHATTAN AVENUE

City  
NEW YORKState  
NYZip Code  
10025-3801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2023

Transaction ID : SA11A.515857

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 117  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. URBAN, JASON, , ,**

Mailing Address 3051 WEST LOGAN BOULEVARD

City  
CHICAGOState  
ILZip Code  
60647-1707FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GALAXY DIGITALOccupation (for Individual)  
GLOBAL HEAD OF TRADING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2023**Transaction ID : SA11A.515858**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023**Transaction ID : SA11C.522386**

Amount of Each Receipt this Period

23800.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. BOYNE, JODI, , ,**

Mailing Address 1181 EDGCUMBEVRIAD, #716

City  
SAINT PAULState  
MNZip Code  
55105-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RAPP STRATEGIESOccupation (for Individual)  
PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023**Transaction ID : SA11A.522390**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. COONEY, JOHN, M., , III**

Mailing Address 17596 HAMPTON COURT

City  
MINNETONKAState  
MNZip Code  
55345-2522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEMIOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2023

Transaction ID : SA11A.522389

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. DOUGLASS, SHAWN, , ,**

Mailing Address 8630 LAKESIDE BEND

City  
PARKLANDState  
FLZip Code  
33076-2884FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2023

Transaction ID : SA11A.522391

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. GIULIO, RUSSELL, , ,**

Mailing Address 3833 REMINGTON

City  
EAST HELENAState  
MTZip Code  
59635-3431FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2023

Transaction ID : SA11A.522388

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1025.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 117  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. TISCH, BENJAMIN, , ,**

Mailing Address 4 EAST 72ND STREET

City  
NEW YORKState  
NYZip Code  
10021-4144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LOEWS CORPOccupation (for Individual)  
CORPORATE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2023

Transaction ID : SA11A.522392

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. URANO, ANTHONY, , ,**

Mailing Address 597A 18TH STREET

City  
BROOKLYNState  
NYZip Code  
11218-1166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2023

Transaction ID : SA11A.522387

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WINKLEVOSS, CAMERON, , ,**

Mailing Address 30 W 24TH ST

City  
NEW YORKState  
NYZip Code  
10010-3207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GEMINIOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.522394

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

12525.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 OF 117

(check only one)

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

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NAME OF COMMITTEE (In Full)

Emmer Victory Committee

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

A. WINKLEVOSS, TYLER, , ,

Mailing Address 30 WEST 24 ST,

City  
NEW YORKState  
NYZip Code  
10010-3207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINKLEVOSS CAPITAL MANAGEMENTOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2023

Transaction ID : SA11A.522393

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2023

Transaction ID : SA11C.522395

Amount of Each Receipt this Period

48227.97

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

C. EDWARDS, MARY, C., ,

Mailing Address 6170 RIDGE RD

City  
EXCELSIORState  
MNZip Code  
55331-8154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FAIRVIEW HEALTH SERVICESOccupation (for Individual)  
VICE PRESIDENT OF PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.522410

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

10250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. ELAM, WAYNE, , ,**

Mailing Address 1582 HOMESTEAD STREET

City  
SHAKOPEEState  
MNZip Code  
55379-3376FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMMERCIAL REALTY SOLUTIONSOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.522409

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. FISHER, KENNETH, , ,**

Mailing Address 1900 PRESTON ROAD, #267-167

City  
PLANOState  
TXZip Code  
75093-5175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FISHER INVESTMENTSOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

Transaction ID : SA11A.522398

Amount of Each Receipt this Period

21600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. FISHER, SHERRILYN, , ,**

Mailing Address 1900 PRESTON ROAD, #267-167

City  
PLANOState  
TXZip Code  
75093-5175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PLANO 6500 LLCOccupation (for Individual)  
MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

21600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

Transaction ID : SA11A.522397

Amount of Each Receipt this Period

21600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

44200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HEAFITZ, JONATHAN, S., ,**

Mailing Address 2704 EMMET ROAD

City  
SILVER SPRINGState  
MDZip Code  
20902-4832FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCMAOccupation (for Individual)  
LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2023

Transaction ID : SA11A.522399

Amount of Each Receipt this Period

724.97

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. MCFADDEN, MIKE, I., ,**

Mailing Address 25 SUNNYSIDE LANE

City  
SUNFISH LAKEState  
MNZip Code  
55118-4723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PATHFINDER COMPANIESOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.522411

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. RINGSTAD, JACOB, , ,**

Mailing Address 5855 MN-7 E

City  
SAINT LOUIS PARKState  
MNZip Code  
55416-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WSBOccupation (for Individual)  
GRADUATE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023

Transaction ID : SA11A.522406

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1974.97

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 117

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. RISDALL, TED, E., ,**

Mailing Address 6 WILLOW ROAD

City  
SAINT PAULState  
MNZip Code  
55127-2019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISDALL MARKETING GROUPOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.522412

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. SUTTER, BARBARA, M., MRS.,**

Mailing Address 5310 PAOLA CIRCLE

City  
BLOOMINGTONState  
MNZip Code  
55437-1052FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2023

Transaction ID : SA11A.522408

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11C.530966

Amount of Each Receipt this Period

83285.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 117  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. HOROWITZ, BEN, , ,**

Mailing Address 11035 LAVENDER HILL DRIVE UNIT 160

City  
LAS VEGASState  
NVZip Code  
89135-2955FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ANDREESSEN HOROWITZOccupation (for Individual)  
COFOUNDER AND GP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11A.530973**

Amount of Each Receipt this Period

11600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. HOROWITZ, FELICIA, , ,**

Mailing Address 11035 LAVENDER HILL DRIVE UNIT 160

City  
LAS VEGASState  
NVZip Code  
89135-2955FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOROWITZ FOUNDATIONOccupation (for Individual)  
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2023**Transaction ID : SA11A.530972**

Amount of Each Receipt this Period

11600.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. LYNCH, PATRICK, P., ,**

Mailing Address 1616 BLACKBERRY CIR

City  
SARTELLState  
MNZip Code  
56377-4523FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GRANITE LOGISTICSOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2023**Transaction ID : SA11A.530970**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

33200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 117

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**Emmer Victory Committee**

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

**A. NGUYEN, TIEN, , ,**

Mailing Address 95 SYDENHAM ROAD

City  
ROCHESTERState  
NYZip Code  
14609-3222FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2023

Transaction ID : SA11A.530968

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**B. SMITH, THOMAS, , ,**

Mailing Address 250 INDIAN ROAD

City  
PALM BEACHState  
FLZip Code  
33480-3022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
1 ROUNDTABLE PARTNERSOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2023

Transaction ID : SA11A.530969

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. WIENS, HAROLD, J., ,**

Mailing Address 8565 136TH ST N

City  
HUGOState  
MNZip Code  
55038-9135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2023

Transaction ID : SA11A.530971

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

50075.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 117  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)

**Emmer Victory Committee**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086938.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11C.542790

Amount of Each Receipt this Period

2528.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. BROWN, BARRY, , ,**

Mailing Address 1117 EAST CAPITOL ST, SE

City  
WASHINGTONState  
DCZip Code  
20003-1438FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ALPINE GROUPOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2023

Transaction ID : SA11A.542792

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**C. MILLER, CAROLE, , ,**

Mailing Address 15922 71ST STREET NORTHEAST

City  
OTSEGOState  
MNZip Code  
55330-4801FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2023

Transaction ID : SA11A.542793

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

2525.00

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

951774.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING PAC INC**Mailing Address 1900 K ST NW  
STE 700City  
WASHINGTONState  
DCZip Code  
20006-1135FEC ID number of contributing  
federal political committee.**C**

C00084491

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2023**Transaction ID : SA11C.521522**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**B. MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE**

Mailing Address 2600 S EUCLID AVE

City  
BAY CITYState  
MIZip Code  
48706-3414FEC ID number of contributing  
federal political committee.**C**

C00384354

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 M / D D D / Y Y Y Y Y Y  
11 / 20 / 2023**Transaction ID : SA11C.500835**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. PROJECTHEALTHSOLUTIONS PAC - PHSPAC**

Mailing Address P.O. BOX 425

City  
ROSWELLState  
GAZip Code  
30077-0425FEC ID number of contributing  
federal political committee.**C**

C00386755

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2023**Transaction ID : SA11C.515865**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

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

17500.00

**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 PageFOR LINE NUMBER: PAGE 86 OF 117  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Emmer Victory Committee**

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

**A. SANTANDER HOLDINGS USA INC. PAC (SANTANDER US PAC)**

Mailing Address 1130 BERKSHIRE BLVD

City  
WYOMISSINGState  
PAZip Code  
19610-1242FEC ID number of contributing  
federal political committee.**C** C00327072

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2023**Transaction ID : SA11C.501369**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. SAP AMERICA INC PAC**

Mailing Address 3999 WEST CHESTER PIKE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-2305

FEC ID number of contributing  
federal political committee.**C** C00367375

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2023**Transaction ID : SA11C.511956**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

**C. WESTERN SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**Mailing Address 7555 EAST HAMPDEN AVENUE  
SUITE 600

City

DENVER

State

CO

Zip Code

80231-4837

FEC ID number of contributing  
federal political committee.**C** C00446674

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2023**Transaction ID : SA11C.477469**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

4500.00

22000.00

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

PAGE 87 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**Mailing Address 801 PENNSYLVANIA AVE NW  
SUITE 650City  
WASHINGTONState  
DCZip Code  
20004-2673

Purpose of Disbursement

SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6040I

Amount of Each Disbursement this Period

1032.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**Mailing Address 185 BERRY STREET  
#5000City  
SAN FRANCISCOState  
CAZip Code  
94107

Purpose of Disbursement

JFC TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6040I

Amount of Each Disbursement this Period

134.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 S WACKER DRIVE

City  
CHICAGOState  
ILZip Code  
60606-7147

Purpose of Disbursement

JFC AIRFARE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6040I

Amount of Each Disbursement this Period

489.40

☒ Memo Item

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

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

1032.02

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

PAGE 88 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**Mailing Address 801 PENNSYLVANIA AVE NW  
SUITE 650City  
WASHINGTONState  
DCZip Code  
20004-2673

Purpose of Disbursement

SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6050!

Amount of Each Disbursement this Period

2021.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENT-A-CAR**

Mailing Address 10841 EXCELSIOR BLVD

City  
HOPKINSState  
MNZip Code  
55343-3431

Purpose of Disbursement

JFC CAR RENTAL

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6050!

Amount of Each Disbursement this Period

1291.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**Mailing Address 185 BERRY STREET  
#5000City  
SAN FRANCISCOState  
CAZip Code  
94107

Purpose of Disbursement

JFC TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6051

Amount of Each Disbursement this Period

40.79

☒ Memo Item

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

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

2021.55

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

PAGE 89 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 233 S WACKER DRIVE

City  
CHICAGOState  
ILZip Code  
60606-7147

Purpose of Disbursement

JFC TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I60514

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**Mailing Address 801 PENNSYLVANIA AVE NW  
SUITE 650City  
WASHINGTONState  
DCZip Code  
20004-2673

Purpose of Disbursement

SEE MEMO

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I60684

Amount of Each Disbursement this Period

1228.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**Mailing Address 185 BERRY STREET  
#5000City  
SAN FRANCISCOState  
CAZip Code  
94107

Purpose of Disbursement

JFC TRAVEL EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 8 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6068

Amount of Each Disbursement this Period

305.66

☒ Memo Item

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

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

1228.36

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

PAGE 90 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. MONTEREY RESTAURANT**

Mailing Address 37 E 50TH ST

City  
NEW YORKState  
NYZip Code  
10022Purpose of Disbursement  
JFC MEETING EXPENSE

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6069

Amount of Each Disbursement this Period

486.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I60351

Amount of Each Disbursement this Period

74.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6042

Amount of Each Disbursement this Period

244.35

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

319.05

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

PAGE 91 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2023

FEC Identification Number

C Transaction ID : SB21B.I6048

Amount of Each Disbursement this Period

98.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2023

FEC Identification Number

C Transaction ID : SB21B.I60502

Amount of Each Disbursement this Period

78.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2023

FEC Identification Number

C Transaction ID : SB21B.I6054

Amount of Each Disbursement this Period

19.80

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

196.50

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

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|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C** Transaction ID : SB21B.I6058

Amount of Each Disbursement this Period

376.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.I6061

Amount of Each Disbursement this Period

97.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112-5204Purpose of Disbursement  
JFC CC TRANSACTION FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.I6066

Amount of Each Disbursement this Period

176.03

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

650.03

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

PAGE 93 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORPORATION**Mailing Address 504 SHAW RD  
STE 217City  
STERLINGState  
VAZip Code  
20166-9438Purpose of Disbursement  
JFC CAGING & ESCROW

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6074I

Amount of Each Disbursement this Period

94.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORPORATION**Mailing Address 504 SHAW RD  
STE 217City  
STERLINGState  
VAZip Code  
20166-9438Purpose of Disbursement  
JFC CAGING & ESCROW

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6074I

Amount of Each Disbursement this Period

220.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
JFC SOFTWARE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6030

Amount of Each Disbursement this Period

250.00

☐ Memo Item

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

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

565.35

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

PAGE 94 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

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

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182

Purpose of Disbursement

JFC SOFTWARE

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:

FEC Identification Number

C

Transaction ID : SB21B.I6041

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

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

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182

Purpose of Disbursement

JFC SOFTWARE

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:

FEC Identification Number

C

Transaction ID : SB21B.I6056C

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

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

Mailing Address 504 SHAW RD  
STE 206City  
STERLINGState  
VAZip Code  
20166-9437

Purpose of Disbursement

JFC POSTAGE

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:

FEC Identification Number

C

Transaction ID : SB21B.I6074

Amount of Each Disbursement this Period

444.14

☐ Memo Item

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

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

1444.14

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

PAGE 95 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**Mailing Address 504 SHAW RD  
STE 206City  
STERLINGState  
VAZip Code  
20166-9437

Purpose of Disbursement

JFC POSTAGE

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6074!

Amount of Each Disbursement this Period

444.80

☐ Memo Item**B. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 TRAPELO ROAD

City  
WALTHAMState  
MAZip Code  
02451

Purpose of Disbursement

JFC E-MARKETING

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I60352

Amount of Each Disbursement this Period

710.00

☐ Memo Item**C. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 TRAPELO ROAD

City  
WALTHAMState  
MAZip Code  
02451

Purpose of Disbursement

JFC E-MARKETING

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6048

Amount of Each Disbursement this Period

710.00

☐ Memo Item

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

1864.80

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

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

PAGE 96 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD

City  
WALTHAMState  
MAZip Code  
02451

Purpose of Disbursement

JFC E-MARKETING

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6061

Amount of Each Disbursement this Period

710.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**Mailing Address 1155 15TH STREET NORTHWEST  
STE 410City  
WASHINGTONState  
DCZip Code  
20005

Purpose of Disbursement

JFC POSTAGE

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I60741

Amount of Each Disbursement this Period

9933.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES**Mailing Address 1155 15TH STREET NORTHWEST  
STE 410City  
WASHINGTONState  
DCZip Code  
20005

Purpose of Disbursement

JFC POSTAGE

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6074

Amount of Each Disbursement this Period

13850.12

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

24494.03

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

PAGE 97 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SYSTEMS INC**

Mailing Address 4095 RIVER FORTH DRIVE

City  
FAIRFAXState  
VAZip Code  
22030-8565Purpose of Disbursement  
JFC DATA PROCESSING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I60741

Amount of Each Disbursement this Period

933.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONOR BUREAU LLC**

Mailing Address 1900 N CULPEPER ST

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
JFC DIRECT MAIL PRODUCTION

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I60742

Amount of Each Disbursement this Period

238.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELLIOTT GROUP CONSULTING LLC**

Mailing Address 238 9TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
JFC STRATEGIC CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6039

Amount of Each Disbursement this Period

38638.01

☐ Memo Item

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

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

39810.25

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

PAGE 98 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. ELLIOTT GROUP CONSULTING LLC**

Mailing Address 238 9TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
JFC STRATEGIC CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6046

Amount of Each Disbursement this Period

10021.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELLIOTT GROUP CONSULTING LLC**

Mailing Address 238 9TH STREET NORTHEAST

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
JFC STRATEGIC CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6058

Amount of Each Disbursement this Period

12643.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City  
FAIRFAXState  
VAZip Code  
22030-6051Purpose of Disbursement  
JFC BANK FEES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6044

Amount of Each Disbursement this Period

213.56

☐ Memo Item

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

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

22878.39

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

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|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City  
FAIRFAXState  
VAZip Code  
22030-6051

Purpose of Disbursement

JFC BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I60591

Amount of Each Disbursement this Period

126.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City  
FAIRFAXState  
VAZip Code  
22030-6051

Purpose of Disbursement

JFC BANK FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I60737

Amount of Each Disbursement this Period

12.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City  
FAIRFAXState  
VAZip Code  
22030-6051

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6073

Amount of Each Disbursement this Period

72.40

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

212.01

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

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

PAGE 100 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City  
FAIRFAXState  
VAZip Code  
22030-6051

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

C

Transaction ID : SB21B.I6073!

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FORTHRIGHT STRATEGY INC**

Mailing Address 1155 15TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20005

Purpose of Disbursement

JFC DIRECT MAIL CREATIVE FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6074!

Amount of Each Disbursement this Period

3593.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGACY LISTS INC**Mailing Address 1155 15TH ST NW  
STE 410City  
WASHINGTONState  
DCZip Code  
20005-2748

Purpose of Disbursement

JFC LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6075

Amount of Each Disbursement this Period

933.04

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

4534.52

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

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

PAGE 101 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. LOVAS CO, LLC**Mailing Address 6635 WEST HAPPY VALLEY ROAD  
STE A-104 PMB 198City  
GLENDALEState  
AZZip Code  
85310Purpose of Disbursement  
JFC FUNDRAISING CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C  
Transaction ID : SB21B.I6059  
Amount of Each Disbursement this Period  
660.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MADERA ESCROW LLC**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
JFC CAGING & ESCROW  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

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

FEC Identification Number

C  
Transaction ID : SB21B.I60743  
Amount of Each Disbursement this Period  
163.65☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PINNACLE DIRECT**

Mailing Address 15260 113TH ST N

City  
STILLWATERState  
MNZip Code  
55082-Purpose of Disbursement  
JFC DIRECT MAIL PRODUCTION  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C  
Transaction ID : SB21B.I6054  
Amount of Each Disbursement this Period  
5057.48☐ Memo Item

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

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

5881.13

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

PAGE 102 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. PLANET DIRECT INC**

Mailing Address 11050 CHALLENGER CT

City  
MANASSASState  
VAZip Code  
20109Purpose of Disbursement  
JFC DIRECT MAIL PRODUCTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6044

Amount of Each Disbursement this Period

620.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POPLAR POND STRATEGIES**

Mailing Address 822 LEIGH MILL ROAD

City  
GREAT FALLSState  
VAZip Code  
22066Purpose of Disbursement  
JFC STRATEGY CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6032

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City  
ATHENSState  
GAZip Code  
30605-Purpose of Disbursement  
JFC COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6032

Amount of Each Disbursement this Period

1029.39

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

21650.28

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

PAGE 103 OF 117

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

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NAME OF COMMITTEE (In Full)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City  
ATHENSState  
GAZip Code  
30605-

Purpose of Disbursement

JFC COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6043

Amount of Each Disbursement this Period

532.52

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City  
ATHENSState  
GAZip Code  
30605-

Purpose of Disbursement

JFC COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6058

Amount of Each Disbursement this Period

1556.46

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. PURCELL CONSULTING LLC**

Mailing Address 4111 HEMLOCK LANE N

City  
PLYMOUTHState  
MNZip Code  
55441-1245

Purpose of Disbursement

JFC FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6035

Amount of Each Disbursement this Period

18289.93

☐

Memo Item

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

20378.91

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

PAGE 104 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. PURCELL CONSULTING LLC**

Mailing Address 4111 HEMLOCK LANE N

City  
PLYMOUTHState  
MNZip Code  
55441-1245

Purpose of Disbursement

JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.I6045

Amount of Each Disbursement this Period

23243.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PURCELL CONSULTING LLC**

Mailing Address 4111 HEMLOCK LANE N

City  
PLYMOUTHState  
MNZip Code  
55441-1245

Purpose of Disbursement

JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | / | 1 | 8 | / | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6062

Amount of Each Disbursement this Period

27649.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PUTNAM INVESTMENTS**

Mailing Address 100 FEDERAL STREET FL27

City  
BOSTONState  
MAZip Code  
02110

Purpose of Disbursement

JFC EVENT CATERING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | / | 0 | 6 | / | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6043

Amount of Each Disbursement this Period

1551.93

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

52445.58

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

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

PAGE 105 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. SLMG LLC**

Mailing Address 1537 E STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

JFC STRATEGIC CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6032!

Amount of Each Disbursement this Period

23217.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SLMG LLC**

Mailing Address 1537 E STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

JFC STRATEGIC CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I60434

Amount of Each Disbursement this Period

12190.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SLMG LLC**

Mailing Address 1537 E STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

JFC STRATEGIC CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.I6058

Amount of Each Disbursement this Period

31042.39

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

66450.33

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

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

PAGE 106 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. SOUTHLAND ADVANTAGE**

Mailing Address 174 SAUNDERSVILLE ROAD #404

City  
HENDERSONVILLEState  
TNZip Code  
37075Purpose of Disbursement  
JFC FUNDRAISING CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 06 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I60321  
Amount of Each Disbursement this Period  
5100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PARKING COMPANY**

Mailing Address 4870 COMMONWEALTH DRIVE

City  
SARASOTAState  
FLZip Code  
34242Purpose of Disbursement  
JFC EVENT VALET SERVICE  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 12 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I60343  
Amount of Each Disbursement this Period  
350.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC ADVANCE SERVICES LLC**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
JFC STRATEGIC CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 06 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I6032  
Amount of Each Disbursement this Period  
20919.78☐ Memo Item

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

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

26369.78

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

PAGE 107 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. STRATEGIC ADVANCE SERVICES LLC**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
JFC STRATEGIC CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | / | 0 | 6 |   | / | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6043!

Amount of Each Disbursement this Period

20143.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC ADVANCE SERVICES LLC**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003-4303Purpose of Disbursement  
JFC STRATEGIC CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I60611

Amount of Each Disbursement this Period

23733.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | / | 0 | 6 |   | / | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6043

Amount of Each Disbursement this Period

8378.25

☐ Memo Item

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

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

52255.59

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

PAGE 108 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. TAG LLC**

Mailing Address PO BOX 1243

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6046

Amount of Each Disbursement this Period

2688.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE CW GROUP**

Mailing Address 1152 MAC ST STE 129

City  
HUMMELSTOWNState  
PAZip Code  
17036Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6033C

Amount of Each Disbursement this Period

15477.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE MCINTOSH COMPANY**

Mailing Address 9203 ESPLANADE DRIVE

City  
DALLASState  
TXZip Code  
75220Purpose of Disbursement  
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6066

Amount of Each Disbursement this Period

5221.97

☐ Memo Item

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

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

23387.90

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

PAGE 109 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTONState  
DCZip Code  
20260-5900

Purpose of Disbursement

JFC POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6049

Amount of Each Disbursement this Period

88.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTONState  
DCZip Code  
20260-5900

Purpose of Disbursement

JFC POSTAGE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

C

Transaction ID : SB21B.I6054

Amount of Each Disbursement this Period

910.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WAYZATA COUNTRY CLUB**

Mailing Address 200 WEST WAYZATA BLVD

City  
WAYZATAState  
MNZip Code  
55391

Purpose of Disbursement

JFC EVENT CATERING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6041

Amount of Each Disbursement this Period

1186.03

☐ Memo Item

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

2184.03

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

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

PAGE 110 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO**

Mailing Address SIXTH &amp; MARQUETTE

City  
MINNEAPOLISState  
MNZip Code  
55402-

Purpose of Disbursement

JFC BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |      |
|---|---|---|---|---|---|---|---|---|---|---|---|------|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y    |
| 1 | 1 |   |   | 1 | 3 |   |   |   |   |   |   | 2023 |

FEC Identification Number

C

Transaction ID : SB21B.I6048f

Amount of Each Disbursement this Period

56.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO**

Mailing Address SIXTH &amp; MARQUETTE

City  
MINNEAPOLISState  
MNZip Code  
55402-

Purpose of Disbursement

JFC BANK FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |      |
|---|---|---|---|---|---|---|---|---|---|---|---|------|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y    |
| 1 | 2 |   |   | 1 | 1 |   |   |   |   |   |   | 2023 |

FEC Identification Number

C

Transaction ID : SB21B.I6061f

Amount of Each Disbursement this Period

55.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |      |
|---|---|---|---|---|---|---|---|---|---|---|---|------|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y    |
| 1 | 0 |   |   | 0 | 9 |   |   |   |   |   |   | 2023 |

FEC Identification Number

C

Transaction ID : SB21B.I6033

Amount of Each Disbursement this Period

211.20

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

322.39

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

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

PAGE 111 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6036

Amount of Each Disbursement this Period

106.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6039

Amount of Each Disbursement this Period

425.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6039

Amount of Each Disbursement this Period

34.17

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

565.85

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

PAGE 112 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
JFC CC TRANSACTION FEES  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 06 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I6044I  
Amount of Each Disbursement this Period  
130.54☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
JFC CC TRANSACTION FEES  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I6046E  
Amount of Each Disbursement this Period  
3200.59☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891Purpose of Disbursement  
JFC CC TRANSACTION FEES  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 20 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.I6049  
Amount of Each Disbursement this Period  
1442.10☐ Memo Item

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

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

4773.23

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

PAGE 113 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 |   | 2 | 7 |   |   | 2 | 0 | 2 | 3 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6050

Amount of Each Disbursement this Period

480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I60561

Amount of Each Disbursement this Period

164.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I6059

Amount of Each Disbursement this Period

478.14

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

1122.60

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

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

PAGE 114 OF 117

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 18 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I60651

Amount of Each Disbursement this Period

767.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 25 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I60651

Amount of Each Disbursement this Period

1734.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**

Mailing Address P.O. BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891

Purpose of Disbursement

JFC CC TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 31 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I6069

Amount of Each Disbursement this Period

2665.75

☐ Memo Item

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

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

5168.26

384206.86

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

PAGE 115 OF 117

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

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NAME OF COMMITTEE (In Full)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. EMMER FOR CONGRESS**

Mailing Address PO BOX 998

City  
ANOKAState  
MNZip Code  
55303-0998

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

EMMER, THOMAS, EARL, , JR.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN

District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C** C00545749**Transaction ID : SB22.I60708**

Amount of Each Disbursement this Period

165918.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EMMER FOR CONGRESS**

Mailing Address PO BOX 998

City  
ANOKAState  
MNZip Code  
55303-0998

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

EMMER, THOMAS, EARL, , JR.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify)

State: MN

District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C** C00545749**Transaction ID : SB22.I60709**

Amount of Each Disbursement this Period

92375.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS**

Mailing Address P.O. BOX 183

City  
ANOKAState  
MNZip Code  
55303

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 2 | 0 | 2 | 3 |   |

FEC Identification Number

**C****Transaction ID : SB22.I60710**

Amount of Each Disbursement this Period

87838.81

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

346132.64

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

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

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NAME OF COMMITTEE (In Full)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 29 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C** C00075820**Transaction ID : SB22.I60711**

Amount of Each Disbursement this Period

120941.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS - BUILDING FUND

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 29 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C** C00075820**Transaction ID : SB22.I60712**

Amount of Each Disbursement this Period

106068.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS - LEGAL FUND

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M              | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1              | 2 | 3 |   | 4 | 5 | 6 |   | 7 | 8 | 9 | 0 | 1 | 2 |
| 12 / 29 / 2023 |   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C** C00075820**Transaction ID : SB22.I60713**

Amount of Each Disbursement this Period

9472.92

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

236482.63

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

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

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NAME OF COMMITTEE (In Full)

Emmer Victory Committee

Full Name (Last, First, Middle Initial)

**A. CD6 GOP FEDERAL COMMITTEE**

Mailing Address 456 AQUA CIR

City  
LINO LAKESState  
MNZip Code  
55014-2716

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |      |   |   |   |   |   |
|---|---|---|---|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | / | Y    | Y | Y | Y | Y | Y |
| 1 | 2 | 3 |   | 4 | 5 |   | 6    | 7 | 8 | 9 | 0 |   |
|   |   |   |   |   |   |   | 2023 |   |   |   |   |   |

FEC Identification Number

C

Transaction ID : SB22.I60714

Amount of Each Disbursement this Period

12773.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

12773.99

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

595389.26