

**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

SAVE AMERICA

ADDRESS (number and street)

P.O. BOX 509

Check if different  
than previously  
reported. (ACC)

ARLINGTON

VA

22216

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00762591

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  
05 01 2024

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2024

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

Type or Print Name of Treasurer

CRATE, BRADLEY, T., ,

Signature of Treasurer

CRATE, BRADLEY, T., ,

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2024

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**SAVE AMERICA**

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2024

To:

MM / DD / YYYY  
05 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		5140096.79
(b) Cash on Hand at Beginning of Reporting Period.....	8759962.83	
(c) Total Receipts (from Line 19) .....	4337.62	24038870.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8764300.45	29178966.99
7. Total Disbursements (from Line 31) .....	4290269.55	24704936.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4474030.90	4474030.90
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	861630.61	



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

**SAVE AMERICA**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 01 2024

To:

M M / D D / Y Y Y Y  
05 31 2024**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

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

## (a) Individuals/Persons Other

Than Political Committees

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

1398.15

6791.56

## (ii) Unitemized .....

2939.47

27744.22

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4337.62

34535.78

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

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

5000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

4337.62

39535.78

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

6224765.26

## 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

20619.16

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

17750000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

3950.00

## 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)) .....

4337.62

24038870.20

## 20. Total Federal Receipts

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

4337.62

24038870.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3990269.55	21974936.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3990269.55	21974936.09
22. Transfers to Affiliated/Other Party Committees.....	300000.00	2580000.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	150000.00
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)) ..	4290269.55	24704936.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4290269.55	24704936.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4337.62	39535.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4337.62	39535.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3990269.55	21974936.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	20619.16
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3990269.55	21954316.93

**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2024**Transaction ID : SA11AI.112672450**

Amount of Each Receipt this Period

56.30

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. CLARK, JAMES, F, ,**

Mailing Address 11215 PATRIDGE DR

City  
HOUSTONState  
TXZip Code  
77070FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2024**Transaction ID : SA11AI.112688830**

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.112672450]

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

**C. CLARK, JAMES, F, ,**

Mailing Address 11215 PATRIDGE DR

City  
HOUSTONState  
TXZip Code  
77070FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

344.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2024**Transaction ID : SA11AI.112688831**

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.112672450]**SUBTOTAL** of Receipts This Page (optional)..... ►

1.00

**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 7 OF 102

(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)

**SAVE AMERICA**

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

**A. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2024

Transaction ID : SA11AI.112688813

Amount of Each Receipt this Period

0.05

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112672450]

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

**B. FORD, BEVERLY, , ,**

Mailing Address 4340 COVE ISLAND DR NE

City  
MARIETTAState  
GAZip Code  
30067FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2024

Transaction ID : SA11AI.112688871

Amount of Each Receipt this Period

15.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112672450]

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2024

Transaction ID : SA11AI.112698597

Amount of Each Receipt this Period

45.91

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

15.05

**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 102

(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)

**SAVE AMERICA**

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

**A. BARBIN, LOUIS, P, ,**

Mailing Address 132 ROYAL LN

City  
POOLERState  
GAZip Code  
31322FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2024

Transaction ID : SA11AI.112700224

Amount of Each Receipt this Period

0.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112698597]

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

**B. MCLEOD, JOHN, , ,**

Mailing Address 111 BORDER LEE FARM RD

City  
CAMERONState  
NCZip Code  
28326FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2024

Transaction ID : SA11AI.112700195

Amount of Each Receipt this Period

0.47

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112698597]

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

**C. POMEROY, SETH, , ,**

Mailing Address 2909 TIMBER CREEK CT

City  
NORTH LITTLE ROCKState  
ARZip Code  
72116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POMEROY LANDOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2024

Transaction ID : SA11AI.112700209

Amount of Each Receipt this Period

0.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112698597]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.97



**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 102

(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)

**SAVE AMERICA**

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

**A. PUTNAM, PAMELA, , ,**

Mailing Address 2201 LINDA LN

City  
LUTZState  
FLZip Code  
33558FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2024

Transaction ID : SA11AI.112700236

Amount of Each Receipt this Period

25.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112698597]

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2024

Transaction ID : SA11AI.112807630

Amount of Each Receipt this Period

197.61

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**C. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2024

Transaction ID : SA11AI.112814863

Amount of Each Receipt this Period

0.05

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112807630]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.05

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

FOR LINE NUMBER: PAGE 10 OF 102

(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)

**SAVE AMERICA**

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

**A. CHEN, CHIN, , ,**

Mailing Address 950 IVY PARKWAY DR

City  
HOUSTONState  
TXZip Code  
77077FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2024

Transaction ID : SA11AI.112814836

Amount of Each Receipt this Period

95.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.112807630]

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

**B. MURPHY, JEFF, , ,**

Mailing Address 3910 W 6TH AVE

City  
STILLWATERState  
OKZip Code  
74074FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNION PACIFICOccupation (for Individual)  
SIGNAL SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2024

Transaction ID : SA11AI.112814872

Amount of Each Receipt this Period

42.75

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.112807630]

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2024

Transaction ID : SA11AI.112842143

Amount of Each Receipt this Period

144.99

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

137.75

**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 102

(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)

**SAVE AMERICA**

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

**A. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2024

Transaction ID : SA11AI.112842289

Amount of Each Receipt this Period

0.10

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112842143]

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

**B. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2024

Transaction ID : SA11AI.112842451

Amount of Each Receipt this Period

0.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112842143]

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

**C. HILLERBY, KAY, , ,**

Mailing Address 2200 PIONEER DR

City  
RENOState  
NVZip Code  
89509FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

312.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2024

Transaction ID : SA11AI.112842300

Amount of Each Receipt this Period

0.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.112842143]

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

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

0.12

**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2024

Transaction ID : SA11AI.113098822

Amount of Each Receipt this Period

45.66

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2024

Transaction ID : SA11AI.113161055

Amount of Each Receipt this Period

0.05

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.113098822]

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2024

Transaction ID : SA11AI.113161356

Amount of Each Receipt this Period

35.34

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►

0.05

**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 13 OF 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2024**Transaction ID : SA11AI.113920643**

Amount of Each Receipt this Period

115.47

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. FLETCHER, TOM, , ,**

Mailing Address 5545 OAKDALE CT

City  
LEWIS CENTERState  
OHZip Code  
43035FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FINANCIAL ADVISOR

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  
05 / 09 / 2024**Transaction ID : SA11AI.113920997**

Amount of Each Receipt this Period

100.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.113920643]

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

**C. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2024**Transaction ID : SA11AI.113920990**

Amount of Each Receipt this Period

0.02

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.113920643]**SUBTOTAL** of Receipts This Page (optional)..... ▶

100.02

**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 14 OF 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2024

Transaction ID : SA11Al.114879011

Amount of Each Receipt this Period

23.51

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2024

Transaction ID : SA11Al.114879112

Amount of Each Receipt this Period

0.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879011]

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2024

Transaction ID : SA11Al.114879012

Amount of Each Receipt this Period

137.77

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.01

**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 102

(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)

**SAVE AMERICA**

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

**A. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2024

Transaction ID : SA11AI.114879203

Amount of Each Receipt this Period

0.02

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

**B. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2024

Transaction ID : SA11AI.114879286

Amount of Each Receipt this Period

0.10

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

**C. CLARK, JAMES, F, ,**

Mailing Address 11215 PATRIDGE DR

City  
HOUSTONState  
TXZip Code  
77070FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

344.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2024

Transaction ID : SA11AI.114879206

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

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

0.62



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 102  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

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

**A. COONLY, JOHN, , ,**Mailing Address 300 WEST AVE  
APT 2326City  
AUSTINState  
TXZip Code  
78701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2024

Transaction ID : SA11AI.114879362

Amount of Each Receipt this Period

0.10

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

**B. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2024

Transaction ID : SA11AI.114879363

Amount of Each Receipt this Period

0.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

**C. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2024

Transaction ID : SA11AI.114879368

Amount of Each Receipt this Period

0.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.114879012]

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

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

0.60



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

FOR LINE NUMBER: PAGE 17 OF 102

(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)

**SAVE AMERICA**

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

**A. HILL, VERNON, , ,**

Mailing Address 262 E MAIN ST

City  
MOORESTOWNState  
NJZip Code  
08057FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2024

Transaction ID : SA11AI.114879335

Amount of Each Receipt this Period

2.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.114879012]

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2024

Transaction ID : SA11AI.116224386

Amount of Each Receipt this Period

11.16

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2024

Transaction ID : SA11AI.116304170

Amount of Each Receipt this Period

50.16

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 102  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2024**Transaction ID : SA11AI.116373973**

Amount of Each Receipt this Period

118.08

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. HOLMES, SANDRA, J, ,**

Mailing Address PO BOX 6905

City  
LAGUNA NIGUELState  
CAZip Code  
92607FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2024**Transaction ID : SA11AI.116374295**

Amount of Each Receipt this Period

1.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116373973]

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

**C. HOLMES, SANDRA, J, ,**

Mailing Address PO BOX 6905

City  
LAGUNA NIGUELState  
CAZip Code  
92607FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

769.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2024**Transaction ID : SA11AI.116374296**

Amount of Each Receipt this Period

1.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116373973]**SUBTOTAL** of Receipts This Page (optional)..... ►

2.02

**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 19 OF 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2024**Transaction ID : SA11AI.116404302**

Amount of Each Receipt this Period

371.67

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. BUSH, WILDA, M, ,**

Mailing Address PO BOX 1023

City  
SOLDOTNAState  
AKZip Code  
99669FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.80

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2024**Transaction ID : SA11AI.116404984**

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116404302]

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

**C. WOINAROWICZ, KATHLEEN, , ,**

Mailing Address PO BOX 22545

City  
MINNEAPOLISState  
MNZip Code  
55422FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

352.81

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2024**Transaction ID : SA11AI.116405170**

Amount of Each Receipt this Period

20.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116404302]**SUBTOTAL** of Receipts This Page (optional)..... ►

20.50

**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 20 OF 102

(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)

**SAVE AMERICA**

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

**A. WOINAROWICZ, KATHLEEN, , ,**

Mailing Address PO BOX 22545

City  
MINNEAPOLISState  
MNZip Code  
55422FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2024

Transaction ID : SA11AI.116405173

Amount of Each Receipt this Period

0.10

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116404302]

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2024

Transaction ID : SA11AI.116450059

Amount of Each Receipt this Period

435.06

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**C. BARFIELD, CECIL, , ,**

Mailing Address 1007 W GORDON ST

City  
THOMASTONState  
GAZip Code  
30286FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2024

Transaction ID : SA11AI.116450216

Amount of Each Receipt this Period

25.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.10

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

FOR LINE NUMBER: PAGE 21 OF 102

(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)

**SAVE AMERICA**

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

**A. BEARRY, MARC, , ,**

Mailing Address 26622 OLD LOGGERS LN

City  
COLFAXState  
CAZip Code  
95713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2024

Transaction ID : SA11AI.116450250

Amount of Each Receipt this Period

49.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]

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

**B. BONIN, JUDY, A, ,**

Mailing Address 187 EDGEFIELD LN

City  
STAUNTONState  
VAZip Code  
24401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
HORSE BOARDING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2024

Transaction ID : SA11AI.116450378

Amount of Each Receipt this Period

1.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]

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

**C. COONLY, JOHN, , ,**Mailing Address 300 WEST AVE  
APT 2326City  
AUSTINState  
TXZip Code  
78701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2024

Transaction ID : SA11AI.116450214

Amount of Each Receipt this Period

5.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

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

FOR LINE NUMBER: PAGE 22 OF 102

(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)

**SAVE AMERICA**

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

**A. LAY, DENNIS, , ,**

Mailing Address 245 WILLOWBROOK DR

City  
HELENAState  
MTZip Code  
59602FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2024

Transaction ID : SA11AI.116450079

Amount of Each Receipt this Period

0.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]

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

**B. PAYNE, FREDERICK, , ,**

Mailing Address 150 RED FOX RUN

City  
FAYETTEVILLEState  
GAZip Code  
30215FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2024

Transaction ID : SA11AI.116450225

Amount of Each Receipt this Period

100.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]

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

**C. SOHONYAY, WANDA, , ,**

Mailing Address 1113 VIA FRATELLI

City  
HENDERSONState  
NVZip Code  
89052FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2024

Transaction ID : SA11AI.116450320

Amount of Each Receipt this Period

50.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116450059]

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

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

150.01

**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 24 / 2024

Transaction ID : SA11AI.116506500

Amount of Each Receipt this Period

271.08

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. BENSINGER, MARTHA, , ,**

Mailing Address 1845 CAMBRIDGE AVE SW

City  
ROANOKEState  
VAZip Code  
24015FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE PROPERTY MANAGEI

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

864.05

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2024

Transaction ID : SA11AI.116506662

Amount of Each Receipt this Period

0.10

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116506500]

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

**C. CLARK, CHARLES, , ,**

Mailing Address 522 CLYDESDALE DR

City  
NEW HOPEState  
PAZip Code  
18938FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

486.89

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2024

Transaction ID : SA11AI.116506557

Amount of Each Receipt this Period

0.20

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116506500]**SUBTOTAL** of Receipts This Page (optional)..... ►

0.30

**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 24 OF 102  
(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)

**SAVE AMERICA**

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

**A. FISHER, CHARLES, , ,**

Mailing Address 2164 CAMBRIDGE AVE

City  
CARDIFF BY THE SEAState  
CAZip Code  
92007FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2024

Transaction ID : SA11AI.116506524

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116506500]

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

**B. FISHER, CHARLES, , ,**

Mailing Address 2164 CAMBRIDGE AVE

City  
CARDIFF BY THE SEAState  
CAZip Code  
92007FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2024

Transaction ID : SA11AI.116506646

Amount of Each Receipt this Period

1.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116506500]

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

**C. NORRIS, ROGER, N, ,**

Mailing Address 15129 4B RD

City  
PLYMOUTHState  
INZip Code  
46563FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.61

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2024

Transaction ID : SA11AI.116506513

Amount of Each Receipt this Period

150.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116506500]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

151.50



**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 102

(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)

**SAVE AMERICA**

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

**A. PUTNAM, PAMELA, , ,**

Mailing Address 2201 LINDA LN

City  
LUTZState  
FLZip Code  
33558FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2024

Transaction ID : SA11AI.116506576

Amount of Each Receipt this Period

25.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116506500]

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2024

Transaction ID : SA11AI.116531408

Amount of Each Receipt this Period

138.06

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**C. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2024

Transaction ID : SA11AI.116532829

Amount of Each Receipt this Period

0.05

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.116531408]

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

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

25.05

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

FOR LINE NUMBER: PAGE 26 OF 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2024**Transaction ID : SA11AI.116724799**

Amount of Each Receipt this Period

123.89

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. CRISCUOLO, MICHAEL, , ,**

Mailing Address 2 POCONO RD

City  
NEWTOWNState  
CTZip Code  
06470FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NATIONAL GUARDOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2024**Transaction ID : SA11AI.116724839**

Amount of Each Receipt this Period

50.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116724799]

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

**C. HILL, VERNON, , ,**

Mailing Address 262 E MAIN ST

City  
MOORESTOWNState  
NJZip Code  
08057FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1760.41

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2024**Transaction ID : SA11AI.116724842**

Amount of Each Receipt this Period

2.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116724799]**SUBTOTAL** of Receipts This Page (optional)..... ►

52.25

**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 27 OF 102

(check only one)

☒ 11a

☐ 11b

☐ 11c

☐ 12

☐ 13

☐ 14

☐ 15

☐ 16

☐ 17

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NAME OF COMMITTEE (In Full)

SAVE AMERICA

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

A. MCLEOD, JOHN, , ,

Mailing Address 111 BORDER LEE FARM RD

CityCAMERON

StateNC

Zip Code28326

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.38

Date of Receipt

MM / DD / YYYY

05 / 22 / 2024

Transaction ID : SA11AI.116724901

Amount of Each Receipt this Period

0.47

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.116724799]

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

B. TRUONG, TONY, , ,

Mailing Address 824 E MICHELLE ST

CityWEST COVINA

StateCA

Zip Code91790

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

TRI T TECHNOLOGYINC

Occupation (for Individual)

ELECTRICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.26

Date of Receipt

MM / DD / YYYY

05 / 23 / 2024

Transaction ID : SA11AI.116724833

Amount of Each Receipt this Period

47.50

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.116724799]

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

C. WINRED

Mailing Address PO BOX 9891

CityARLINGTON

StateVA

Zip Code22219

FEC 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 ▼

28312.38

Date of Receipt

MM / DD / YYYY

05 / 30 / 2024

Transaction ID : SA11AI.116757407

Amount of Each Receipt this Period

36.75

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

47.97

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 28 OF 102

(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)

**SAVE AMERICA**

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

**A. CARPENTER, KATHY, , ,**

Mailing Address 821 RIDGE LOOP RD

City  
NORTH POLEState  
AKZip Code  
99705FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2024

Transaction ID : SA11A1.116757504

Amount of Each Receipt this Period

0.25

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116757407]

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

**B. CARPENTER, KATHY, , ,**

Mailing Address 821 RIDGE LOOP RD

City  
NORTH POLEState  
AKZip Code  
99705FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2024

Transaction ID : SA11A1.116757508

Amount of Each Receipt this Period

0.20

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116757407]

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

**C. FORCZAK, ARLEEN, , ,**

Mailing Address 24843 BLACKMAR AVE

City  
WARRENState  
MIZip Code  
48091FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2024

Transaction ID : SA11A1.116757503

Amount of Each Receipt this Period

0.01

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.116757407]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.46

**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2024**Transaction ID : SA11AI.117129002**

Amount of Each Receipt this Period

371.29

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. DOTY, SHARON, , ,**

Mailing Address 4810 RISING ST SE

City  
SALEMState  
ORZip Code  
97302FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2024**Transaction ID : SA11AI.117129331**

Amount of Each Receipt this Period

47.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.117129002]

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

**C. FORD, BEVERLY, , ,**

Mailing Address 4340 COVE ISLAND DR NE

City  
MARIETTAState  
GAZip Code  
30067FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

563.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2024**Transaction ID : SA11AI.117129228**

Amount of Each Receipt this Period

0.05

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.117129002]**SUBTOTAL** of Receipts This Page (optional)..... ►

47.55

**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 30 OF 102

(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)

**SAVE AMERICA**

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

**A. HAMPIKIAN, DICK, , ,**

Mailing Address 4048 ADMIRABLE DR

City  
RANCHO PALOS VERDESState  
CAZip Code  
90275FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STANDARD WIRE CABLE COOccupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2024

Transaction ID : SA11A1.117129015

Amount of Each Receipt this Period

95.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.117129002]

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

**B. HISLER, FRAN, , ,**Mailing Address 7111 PARK HEIGHTS AVE  
UNIT 801City  
BALTIMOREState  
MDZip Code  
21215FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2024

Transaction ID : SA11A1.117129305

Amount of Each Receipt this Period

36.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.117129002]

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

**C. MICHAELS, GREGORY, , ,**

Mailing Address 12 WILLIAM PENN CIR

City  
MEDFORDState  
NJZip Code  
08055FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TJUHUS NAVYOccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

276.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2024

Transaction ID : SA11A1.117129224

Amount of Each Receipt this Period

50.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.117129002]

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

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

181.00

**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

28312.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2024

**Transaction ID : SA11AI.118021869**

Amount of Each Receipt this Period

16.83

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. BEAUCHAMP, KAREN, , ,**

Mailing Address 2122 PISONI ST

City  
IRON RIVERState  
MIZip Code  
49935FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

491.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2024

**Transaction ID : SA11AI.118023371**

Amount of Each Receipt this Period

0.50

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.118021869]

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

**C. FORD, BEVERLY, , ,**

Mailing Address 4340 COVE ISLAND DR NE

City  
MARIETTAState  
GAZip Code  
30067FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Aggregate Year-to-Date ▼

563.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2024

**Transaction ID : SA11AI.118023347**

Amount of Each Receipt this Period

5.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11A1.118021869]**SUBTOTAL** of Receipts This Page (optional)..... ►

5.50

**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 32 OF 102  
(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)

**SAVE AMERICA**

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

**A. FORD, BEVERLY, , ,**

Mailing Address 4340 COVE ISLAND DR NE

City  
MARIETTAState  
GAZip Code  
30067FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2024

Transaction ID : SA11AI.118023354

Amount of Each Receipt this Period

100.20

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.118021869]

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2024

Transaction ID : SA11AI.118109906

Amount of Each Receipt this Period

263.66

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**C. HUEBNER, ED, , ,**

Mailing Address 6 LINDEN CT

City  
BETHALTOState  
ILZip Code  
62010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEISURE WORLD HEALTH CLUBOccupation (for Individual)  
PERSONAL TRAINER

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  
05 / 29 / 2024

Transaction ID : SA11AI.118142195

Amount of Each Receipt this Period

100.00

☐ Memo ItemEARMARKED THROUGH WINRED  
[SA11AI.118109906]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.20



**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 102

(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)

**SAVE AMERICA**

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC 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 ▼

28312.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2024**Transaction ID : SA11AI.118355835**

Amount of Each Receipt this Period

20.61

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

**B. CLARK, CHERYLE, , ,**Mailing Address 76 STILLWOOD DR  
UNIT 1City  
PAWLEYS ISLANDState  
SCZip Code  
29585FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2024**Transaction ID : SA11AI.112587392**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

250.00

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

1398.15

**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 34 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACUMEN SOLUTIONS GROUP LLC**

Mailing Address 600 BROADHOLLOW ROAD, SUITE 200

City  
MELVILLEState  
NYZip Code  
11747

Purpose of Disbursement

INSURANCE

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.10005

Amount of Each Disbursement this Period

5137.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMBROSINI, CHRISTOPHER, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.10000

Amount of Each Disbursement this Period

1275.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMBROSINI, CHRISTOPHER, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.9977

Amount of Each Disbursement this Period

1275.68

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

7688.41

**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 35 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285

Purpose of Disbursement

CREDIT CARD PAYMENT: SEE ITEMIZATIONS IF REQUIRED

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
0	5			1	6			2	0	2	4

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

9710.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838

Purpose of Disbursement

SOFTWARE

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
0	3			2	2			2	0	2	4

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

25.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838

Purpose of Disbursement

SOFTWARE

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
0	3			1	1			2	0	2	4

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

21.24

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

9710.41

**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 36 OF 102

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

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

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838Purpose of Disbursement  
SOFTWARE

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
0	3			0	3			2	0	2	4	

FEC Identification Number

C												
Transaction ID : SB21B.99327												

Amount of Each Disbursement this Period

												13.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
OFFICE SUPPLIES

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
0	3			1	9			2	0	2	4	

FEC Identification Number

C												
Transaction ID : SB21B.99327												

Amount of Each Disbursement this Period

												372.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
OFFICE SUPPLIES

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
0	3			1	6			2	0	2	4	

FEC Identification Number

C												
Transaction ID : SB21B.99327												

Amount of Each Disbursement this Period

												403.10

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

												0.00


**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 37 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			1	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

57.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			1	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

46.98

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			0	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

530.19

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

0.00

**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 38 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL: AIR

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
0	3			2	7			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

289.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285

Purpose of Disbursement

MEMBERSHIP 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	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

55.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285

Purpose of Disbursement

MEMBERSHIP 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	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

55.00

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

0.00
------

<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

# SAVE AMERICA

FEC Schedule B (Form 3X) Rev. 05/2016

**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 40 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. APPLE**

Mailing Address 1 APPLE PARK WAY

City  
CUPERTINOState  
CAZip Code  
95014

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			1	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

10.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. APPLE**

Mailing Address 1 APPLE PARK WAY

City  
CUPERTINOState  
CAZip Code  
95014

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			0	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

0.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLOOMBERG**

Mailing Address 731 LEXINGTON AVE

City  
NEW YORKState  
NYZip Code  
10022

Purpose of Disbursement

ONLINE SUBSCRIPTIONS

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
0	3			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

34.99

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

0.00

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



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

PAGE 41 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120

Purpose of Disbursement

DELIVERY SERVICES

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
0	3			0	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

67.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120

Purpose of Disbursement

DELIVERY SERVICES

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
0	3			0	9			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

21.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120

Purpose of Disbursement

DELIVERY SERVICES

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
0	3			2	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99327**

Amount of Each Disbursement this Period

21.46

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

0.00

<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

# SAVE AMERICA

### A. FINANCIAL TIMES

M M / D D / Y Y Y Y  
03 17 2024

Category/  
Type

40.00

☒ Memo Item

District:

## B. HILTON

M M / D D / Y Y Y Y  
03 15 2024

Category/  
Type

2080.22

✕ Memo Item

District:

### C. HILTON

Category/  
Type

1852.88

✕ Memo Item

0.00

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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

# SAVE AMERICA

### A. NEW YORK TIMES

Category/  
Type

20.00

✕ Memo Item

## B. SHRED-IT

Category/  
Type

1178.11

**X** Memo Item

### C. THE EPOCH TIMES

Category/  
Type

9.99

**X** Memo Item

Age Group	Percentage
18-24	0.15
25-34	0.20
35-44	0.25
45-54	0.20
55-64	0.15
65-74	0.10
75-84	0.05
85+	0.00

**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 44 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL SERVICE**

Mailing Address 475 LENFANT PLZ SW

City  
WASHINGTONState  
DCZip Code  
20260

Purpose of Disbursement

DELIVERY SERVICES

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
0	3			0	1							2024

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

44.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED STATES POSTAL SERVICE**

Mailing Address 475 LENFANT PLZ SW

City  
WASHINGTONState  
DCZip Code  
20260

Purpose of Disbursement

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
0	3			1	4							2024

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

2224.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WALL ST JOURNAL**

Mailing Address 1211 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10036

Purpose of Disbursement

ONLINE SUBSCRIPTIONS

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
0	3			1	8							2024

FEC Identification Number

**C**

Transaction ID : SB21B.99327

Amount of Each Disbursement this Period

38.99

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

0.00

**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 45 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285

Purpose of Disbursement

CREDIT CARD PAYMENT: SEE ITEMIZATIONS IF REQUIRED

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
0	5			2	9			2	0	2	4	

FEC Identification Number

**C** 

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

 10422.62☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838

Purpose of Disbursement

SOFTWARE

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
0	4			2	2			2	0	2	4	

FEC Identification Number

**C** 

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

 25.49☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838

Purpose of Disbursement

SOFTWARE

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
0	4			1	1			2	0	2	4	

FEC Identification Number

**C** 

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

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

1	0	4	2	2	.	6	2					
---	---	---	---	---	---	---	---	--	--	--	--	--

  

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

**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 46 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. ADOBE**

Mailing Address 151 S ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95838

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

13.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

15.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			3	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

41.06

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

0.00

**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 47 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

225.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			0	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

10.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			3	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

371.28

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

0.00

**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 48 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			0	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

68.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

39.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

82.86

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

0.00



**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 49 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	3			3	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

103.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

38.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

342.00

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

0.00

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

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

PAGE 50 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 410 TERRY AVE. NORTH

City  
SEATTLEState  
WAZip Code  
98109

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			2	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

27.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL: AIR

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
0	4			1	3			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

1169.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. APPLE**

Mailing Address 1 APPLE PARK WAY

City  
CUPERTINOState  
CAZip Code  
95014

Purpose of Disbursement

OFFICE SUPPLIES

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
0	4			1	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

10.61

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

0.00

<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

# SAVE AMERICA

Category/  
Type

0.99

✕ Memo Item

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

M M / D D / Y Y Y Y  
04 16 2024

Category/  
Type

34.99

✕ Memo Item

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

04 / 15 / 2024

Category/  
Type

1275.00

 Memo Item

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

0.00

**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 52 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. CVS PHARMACY**

Mailing Address ONE CVS DRIVE

City  
WOONSOCKETState  
RIZip Code  
02895

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

3.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CVS PHARMACY**

Mailing Address ONE CVS DRIVE

City  
WOONSOCKETState  
RIZip Code  
02895

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

4.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CVS PHARMACY**

Mailing Address ONE CVS DRIVE

City  
WOONSOCKETState  
RIZip Code  
02895

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

19.22

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

0.00

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

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

PAGE 53 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354

Purpose of Disbursement

TRAVEL: AIR

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
0	4			1	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

103.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354

Purpose of Disbursement

TRAVEL: AIR

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
0	4			1	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

400.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354

Purpose of Disbursement

TRAVEL: AIR

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
0	4			1	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

274.44

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

0.00

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

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

PAGE 54 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. EPOCH TIMES**

Mailing Address 229 W 28TH ST

City  
NEW YORKState  
NYZip Code  
10001Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

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
0	4			1	7			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

9.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120Purpose of Disbursement  
DELIVERY SERVICES

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
0	4			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

30.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 SOUTH SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120Purpose of Disbursement  
DELIVERY SERVICES

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
0	4			1	8			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99899**

Amount of Each Disbursement this Period

24.41

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

0.00

**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 55 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FINANCIAL TIMES**

Mailing Address 330 HUDSON STREET

City  
NEW YORKState  
NYZip Code  
10013Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

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	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

40.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARRIOTT INTERNATIONAL**

Mailing Address 10400 FERNWOOD RD

City  
BETHESDAState  
MDZip Code  
20817Purpose of Disbursement  
TRAVEL: LODGING

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

FEC Identification Number

**C**

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

3466.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. NEW YORK TIMES**

Mailing Address 620 8TH AVE

City  
NEW YORKState  
NYZip Code  
10018Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

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	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

20.00

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

0.00

**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 56 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UNITED STATES POSTAL SERVICE**

Mailing Address 475 LENFANT PLZ SW

City  
WASHINGTONState  
DCZip Code  
20260

Purpose of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

2040.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALL ST JOURNAL**

Mailing Address 1211 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10036

Purpose of Disbursement

ONLINE SUBSCRIPTIONS

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
0	4			1	5			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99899

Amount of Each Disbursement this Period

38.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BINNALL LAW GROUP**

Mailing Address 717 KING STREET, SUITE 200

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99643

Amount of Each Disbursement this Period

19898.50

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

19898.50

**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 57 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BLANCHE LAW**Mailing Address 10 LIBERTY STREET  
APT 46BCity  
NEW YORKState  
NYZip Code  
10005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 02 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99486

Amount of Each Disbursement this Period

837376.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLANCHE LAW**Mailing Address 10 LIBERTY STREET  
APT 46BCity  
NEW YORKState  
NYZip Code  
10005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 13 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99754

Amount of Each Disbursement this Period

83496.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLANCHE LAW**Mailing Address 10 LIBERTY STREET  
APT 46BCity  
NEW YORKState  
NYZip Code  
10005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 01 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99545

Amount of Each Disbursement this Period

64360.85

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

985233.88

**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 58 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BLANCHE LAW**Mailing Address 10 LIBERTY STREET  
APT 46BCity  
NEW YORKState  
NYZip Code  
10005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 21 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99915

Amount of Each Disbursement this Period

34017.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLANCHE LAW**Mailing Address 10 LIBERTY STREET  
APT 46BCity  
NEW YORKState  
NYZip Code  
10005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 29 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99995

Amount of Each Disbursement this Period

788441.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOCHNER PLLC**Mailing Address 1040 AVENUE OF THE AMERICAS  
15TH FLOORCity  
NEW YORKState  
NYZip Code  
10018Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 13 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99741

Amount of Each Disbursement this Period

10000.00

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

832458.68

**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 59 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BRITO PLLC**Mailing Address 2121 PONCE DE LEON  
SUITE 650City  
CORAL GABLESState  
FLZip Code  
33134

Purpose of Disbursement

LEGAL 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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99754**

Amount of Each Disbursement this Period

12235.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRIS KISE & ASSOCIATES, P.A.**

Mailing Address 6788 HEARTLAND CIR

City  
TALLAHASSEEState  
FLZip Code  
32312

Purpose of Disbursement

LEGAL 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
0	5			2	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99617**

Amount of Each Disbursement this Period

236148.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONTINENTAL PLLC**Mailing Address 255 ALHAMBRA CIRCLE  
SUITE 640City  
CORAL GABLESState  
FLZip Code  
33134

Purpose of Disbursement

LEGAL 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
0	5			1	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99588**

Amount of Each Disbursement this Period

253849.35

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

502232.73

**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 60 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. D'ANTUONO, HAYLEY, L, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

4158.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. D'ANTUONO, HAYLEY, L, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

4158.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. D'ANTUONO, HAYLEY, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

TRAVEL EXPENSE REIMBURSEMENT: SEE ITEMIZATION(S) IF

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
0	5			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10001**

Amount of Each Disbursement this Period

1686.14

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

10003.42

**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 61 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL: AIR

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
0	5			2	2			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.10001**

Amount of Each Disbursement this Period

481.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. D'ANTUONO, HAYLEY, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PER DIEM

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
0	5			2	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.10001**

Amount of Each Disbursement this Period

300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OMNI HOTELS**Mailing Address 4001 MAPLE AVE  
#600City  
DALLASState  
TXZip Code  
75219

Purpose of Disbursement

TRAVEL: LODGING

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
0	5			2	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.10001**

Amount of Each Disbursement this Period

825.96

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

0.00

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

<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

# SAVE AMERICA

Category/  
Type

12.60

M M / D D / Y Y Y Y  
05 24 2024

Category/  
Type

05 / 26 / 2024

Category/  
Type

55.55

0.00

**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 63 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. DEX IMAGING**

Mailing Address PO BOX 17299

City  
CLEARWATERState  
FLZip Code  
33762

Purpose of Disbursement

OFFICE EQUIPMENT

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
0	5			0	2			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99567**

Amount of Each Disbursement this Period

504.20

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. DHILLON LAW GROUP INC.**

Mailing Address 177 POST STREET, SUITE 700

City  
SAN FRANCISCOState  
CAZip Code  
94108

Purpose of Disbursement

LEGAL 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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99205**

Amount of Each Disbursement this Period

83834.84

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. DHILLON LAW GROUP INC.**

Mailing Address 177 POST STREET, SUITE 700

City  
SAN FRANCISCOState  
CAZip Code  
94108

Purpose of Disbursement

LEGAL 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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99721**

Amount of Each Disbursement this Period

20000.00

☐

Memo Item

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

104339.04

**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 64 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. DHILLON LAW GROUP INC.**

Mailing Address 177 POST STREET, SUITE 700

City  
SAN FRANCISCOState  
CAZip Code  
94108

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			2	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99829**

Amount of Each Disbursement this Period

101908.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DRISCOLL, MACKENZIE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

1800.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTIONS, LLC**Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20036

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			1	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99615**

Amount of Each Disbursement this Period

10000.00

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

113708.22



**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 65 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FAUPEL, MADISON, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

2318.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FAUPEL, MADISON, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

2318.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FINZER, MARY, C, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

3867.35

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

8505.06

**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 66 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. FINZER, MARY, C, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99773

Amount of Each Disbursement this Period

3867.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GREATAMERICA FINANCIAL SERVICES**

Mailing Address PO BOX 660831

City  
DALLASState  
TXZip Code  
75266

Purpose of Disbursement

OFFICE EQUIPMENT

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
0	5			0	8			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99661

Amount of Each Disbursement this Period

573.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HABBA MADAI & ASSOCIATES LLP**

Mailing Address 1430 U.S. HIGHWAY 206, SUITE 240

City  
BEDMINSTERState  
NJZip Code  
07921

Purpose of Disbursement

LEGAL 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
0	5			1	4			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99601

Amount of Each Disbursement this Period

30000.00

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

34441.16

**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 67 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HABBA MADAIO & ASSOCIATES LLP**

Mailing Address 1430 U.S. HIGHWAY 206, SUITE 240

City  
BEDMINSTERState  
NJZip Code  
07921

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			2	3			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99601

Amount of Each Disbursement this Period

145039.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HALLIGAN, LINDSEY, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.10000

Amount of Each Disbursement this Period

7410.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HALLIGAN, LINDSEY, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99773

Amount of Each Disbursement this Period

7410.85

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

159861.22

**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 68 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HALLIGAN, LINDSEY, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

TRAVEL REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

 1207.17☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

 338.51☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City  
FORT WORTHState  
TXZip Code  
76155

Purpose of Disbursement

TRAVEL: WIFI

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

 15.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1207.17

**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 69 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. BISTRO DU JOUR**

Mailing Address 99 DISTRICT SQUARE SW

City  
WASHINGTONState  
DCZip Code  
20024

Purpose of Disbursement

MEETING EXPENSE: MEALS

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
0	4			2	4		2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99705

Amount of Each Disbursement this Period

72.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRLINES**

Mailing Address 27-01 QUEENS PLZ N

City  
LONG ISLAND CITYState  
NYZip Code  
11101

Purpose of Disbursement

TRAVEL: AIR

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
0	4			2	3		2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99705

Amount of Each Disbursement this Period

209.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SONESTA INTERNATIONAL HOTELS CORPORATION**

Mailing Address 400 CENTRE ST

City  
NEWTONState  
MAZip Code  
02458

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			2	3		2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99705

Amount of Each Disbursement this Period

427.88

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

0.00

**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 70 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	3			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

23.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	3			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

50.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	4			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

26.04

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

0.00

**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 71 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	4			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

23.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	4			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99705**

Amount of Each Disbursement this Period

21.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARP, NATALIE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

1719.80

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

1719.80

**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 72 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HARP, NATALIE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

1719.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRIS, CHAMBERLAIN, R, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

1339.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARRIS, CHAMBERLAIN, R, ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

1339.23

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

4398.26

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



<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

# SAVE AMERICA

Memo Item

Memo Item

M M / D D / Y Y Y Y  
05 03 2024

 Memo Item

19623.41

**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 74 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. JAMES OTIS LAW GROUP LLC**Mailing Address 13321 NORTH OUTER FORTY DRIVE  
SUITE 300City  
CHESTERFIELDState  
MOZip Code  
63017Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office 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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.99697**

Amount of Each Disbursement this Period

 90209.99☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN F. LAURO, P.A.**

Mailing Address 400 N. TAMPA STREET 15TH FLOOR

City  
TAMPAState  
FLZip Code  
33602Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office 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
0	5			2	9			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.99980**

Amount of Each Disbursement this Period

 450000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JORDAN, ANNA, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
TRAVEL REIMBURSEMENT: SEE ITEMIZATION(S) IF REQUIRED

Candidate Name

Office 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
0	5			2	1			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.9675**

Amount of Each Disbursement this Period

 799.87☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 541009.86

**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 75 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. JORDAN, ANNA, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

ADVANCE CONSULTING &amp; PER DIEM

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
0	8			0	3			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.96753**

Amount of Each Disbursement this Period

750.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	8			0	2			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.96753**

Amount of Each Disbursement this Period

23.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	8			0	3			2	0	2	3		

FEC Identification Number

**C****Transaction ID : SB21B.96753**

Amount of Each Disbursement this Period

25.94

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

0.00

**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 76 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. KINGSBURY, KALINA, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

2508.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KINGSBURY, KALINA, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

2508.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. L.D. MURRELL, P.A.**Mailing Address 400 EXECUTIVE CENTER DRIVE  
SUITE 201City  
WEST PALM BEACHState  
FLZip Code  
33401

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			2	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99891**

Amount of Each Disbursement this Period

29865.00

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

34882.74

**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 77 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. LEICHTER, GRANT, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

1756.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEICHTER, GRANT, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

1756.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NAUTA, WALTINE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.10000**

Amount of Each Disbursement this Period

1830.73

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

5343.99

**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 78 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. NAUTA, WALTINE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

1830.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NEAL & HARWELL, PLC**Mailing Address 1201 DEMONBREUN STREET  
SUITE 1000City  
NASHVILLEState  
TNZip Code  
37203

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			2	1			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99888**

Amount of Each Disbursement this Period

273.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NECHELES LAW LLP**Mailing Address 1120 SIXTH AVENUE  
4TH FLOORCity  
NEW YORKState  
NYZip Code  
10036

Purpose of Disbursement

LEGAL CONSULTING

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
0	5			1	4			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99782**

Amount of Each Disbursement this Period

200000.00

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

202103.85

**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 79 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. NEW AGE CONSULTING LLC**Mailing Address 1900 N. BAYSHORE DRIVE  
UNIT 4301City  
MIAMIState  
FLZip Code  
33132Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice 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
0	5			2	2			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99576**

Amount of Each Disbursement this Period

8353.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
TypeOffice 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
0	5			3	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.10009**

Amount of Each Disbursement this Period

109.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX**Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
TypeOffice 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
0	5			1	5			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99801**

Amount of Each Disbursement this Period

113.30

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

8576.32

**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)

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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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office 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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C** Transaction ID : SB21B.10000

Amount of Each Disbursement this Period

16724.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX**Mailing Address 1450 CENTREPARK BLVD  
SUITE 150City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
PAYROLL TAXES & WITHHOLDINGS

Candidate Name

Office 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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C** Transaction ID : SB21B.99773

Amount of Each Disbursement this Period

17395.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PORTER, MADISON, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216Purpose of Disbursement  
PAYROLL

Candidate Name

Office 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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C** Transaction ID : SB21B.10000

Amount of Each Disbursement this Period

2781.08

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

36901.37



**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 81 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. PORTER, MADISON, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99773**

Amount of Each Disbursement this Period

2781.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PORTER, MADISON, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

TRAVEL EXPENSE REIMBURSEMENT: SEE ITEMIZATION(S) IF

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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

1815.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CURB MOBILITY LLC**

Mailing Address 11-11 34TH AVE

City  
QUEENSState  
NYZip Code  
11106

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			1	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

24.25

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

4596.95

**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)

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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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			1	9			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

1150.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			2	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

376.79

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			2	0			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

14.98

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

0.00

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

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

PAGE 83 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			2	0			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

26.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HILTON**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102

Purpose of Disbursement

TRAVEL: LODGING

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
0	4			2	1			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

8.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LORENA GARCIA**Mailing Address 1100 E DALLAS RD  
#300City  
GRAPEVINEState  
TXZip Code  
76051

Purpose of Disbursement

TRAVEL: FOOD

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
0	4			1	9			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

20.62

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

0.00

**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 84 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. STARBUCKS**Mailing Address 2401 UTAH AVENUE SOUTH  
SUITE 800City  
SEATTLEState  
WAZip Code  
98134

Purpose of Disbursement

TRAVEL: FOOD

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
0	4			2	2		2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99448

Amount of Each Disbursement this Period

12.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. STARBUCKS**Mailing Address 2401 UTAH AVENUE SOUTH  
SUITE 800City  
SEATTLEState  
WAZip Code  
98134

Purpose of Disbursement

TRAVEL: FOOD

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
0	4			2	0		2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99448

Amount of Each Disbursement this Period

17.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUE FOOD KITCHEN**Mailing Address 4455 E CAMELBACK ROAD  
SUITE A-115City  
PHOENIXState  
AZZip Code  
85018

Purpose of Disbursement

TRAVEL: FOOD

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
0	4			2	2		2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99448

Amount of Each Disbursement this Period

41.49

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

0.00

**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 85 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	0			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

30.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	0			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

34.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

TRAVEL: GROUND TRANSPORTATION

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
0	4			2	2			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99448**

Amount of Each Disbursement this Period

12.92

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

0.00

**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 86 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
COMPLIANCE CONSULTING

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  
05 / 16 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99557

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
DATA PROCESSING SERVICES

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  
05 / 16 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99612

Amount of Each Disbursement this Period

60879.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
REIMBURSEMENT FOR LEGAL EXPENSES

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  
05 / 21 / 2024

FEC Identification Number

**C** Transaction ID : SB21B.99886

Amount of Each Disbursement this Period

630.55

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

66509.73

**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 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915

Purpose of Disbursement

REIMBURSEMENT FOR LEGAL EXPENSES

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
0	5			2	9			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99942

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915

Purpose of Disbursement

REIMBURSEMENT FOR LEGAL EXPENSES

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
0	5			2	9			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99942

Amount of Each Disbursement this Period

9152.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THOMPSON, DESIREE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.10000

Amount of Each Disbursement this Period

5419.74

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

14847.14

**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 88 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. THOMPSON, DESIREE, , ,**

Mailing Address P.O. BOX 509

City  
ARLINGTONState  
VAZip Code  
22216

Purpose of Disbursement

PAYROLL

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
0	5			1	5			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99773

Amount of Each Disbursement this Period

5419.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRISHUL, LLC**Mailing Address 919 FLORIDA AVE NW  
SUITE 101City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

STRATEGY 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
0	5			1	6			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.99753

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUMP NATIONAL GOLF CLUB, BEDMINSTER**

Mailing Address 900 LAMINGTON ROAD

City  
BEDMINSTERState  
NJZip Code  
07921

Purpose of Disbursement

TRAVEL: LODGING &amp; CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : SB21B.9998

Amount of Each Disbursement this Period

80533.74

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

100953.49

**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 90 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WEBER, CRABB & WEIN, P.A.**

Mailing Address 5453 CENTRAL AVE

City  
ST. PETERSBURGState  
FLZip Code  
33710

Purpose of Disbursement

LEGAL 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
0	5			2	1			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99687

Amount of Each Disbursement this Period

43634.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM STURGES LLP**Mailing Address BURWOOD HOUSE  
14-16 CAXTON STCity  
LONDON SW1H 0QYState  
ZZZip Code  
99999

Purpose of Disbursement

LEGAL 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
0	5			1	3			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99604

Amount of Each Disbursement this Period

53197.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.10001

Amount of Each Disbursement this Period

1.44

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

96833.05

**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 91 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			3	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.10006**

Amount of Each Disbursement this Period

 15.36☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			0	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.99494**

Amount of Each Disbursement this Period

 2.80☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			0	2			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : SB21B.99565**

Amount of Each Disbursement this Period

 9.20☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 27.36

<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

# SAVE AMERICA

**A. WINRED TECHNICAL SERVICES LLC**

Category/  
Type

Memo Item

District:

**B. WINRED TECHNICAL SERVICES LLC**

[illegible]Category/  
Type

A diagram of a rectangular box with a length of 2.40 units. The box is oriented horizontally, and the dimension 2.40 is labeled at the bottom right corner.

Memo Item

District:

C. WINRED TECHNICAL SERVICES LLC

05 / 07 / 2024

Category/  
Type

2.30

 Memo Item

12.96

**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 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			0	8			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.99645**

Amount of Each Disbursement this Period

 8.12☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			0	9			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.99670**

Amount of Each Disbursement this Period

 5.72☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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
0	5			1	0			2	0	2	4		

FEC Identification Number

**C**   
**Transaction ID : SB21B.99696**

Amount of Each Disbursement this Period

 2.17☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 16.01

**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 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99728**

Amount of Each Disbursement this Period

1.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			1	4			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99777**

Amount of Each Disbursement this Period

4.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99801**

Amount of Each Disbursement this Period

0.89

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

7.16

**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 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99801**

Amount of Each Disbursement this Period

5.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99849**

Amount of Each Disbursement this Period

1.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB21B.99870**

Amount of Each Disbursement this Period

2.17

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

9.34

**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 102

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

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

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99901

Amount of Each Disbursement this Period

5.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99921

Amount of Each Disbursement this Period

15.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99947

Amount of Each Disbursement this Period

17.95

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

38.90



**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 97 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99967

Amount of Each Disbursement this Period

11.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	8			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99973

Amount of Each Disbursement this Period

5.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

MERCHANT 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	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	4	

FEC Identification Number

**C**

Transaction ID : SB21B.99984

Amount of Each Disbursement this Period

13.72

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

30.52

3990269.55

**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 98 OF 102

<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)

**SAVE AMERICA**

Full Name (Last, First, Middle Initial)

**A. MAKE AMERICA GREAT AGAIN PAC**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

TRANSFER TO AFFILIATED COMMITTEE

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
0	5			0	3			2	0	2	4		

FEC Identification Number

**C** C00580100**Transaction ID : SB22.996056**

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MAKE AMERICA GREAT AGAIN PAC**

Mailing Address P.O. BOX 13570

City  
ARLINGTONState  
VAZip Code  
22219

Purpose of Disbursement

TRANSFER TO AFFILIATED COMMITTEE

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
0	5			0	9			2	0	2	4		

FEC Identification Number

**C** C00580100**Transaction ID : SB22.997061**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

300000.00

300000.00

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

PAGE 99 OF 102

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

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

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

**BLANCHE LAW**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 99 WALL STREET  
SUITE 4460City  
NEW YORKState  
NYZip Code  
10005

Outstanding Balance Beginning This Period

837376.98

Transaction ID : SD10.987179

Amount Incurred This Period

0.00

Payment This Period

837376.98

Outstanding Balance at Close of This Period

0.00

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

**BROWN RUDNICK LLP**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address ONE FINANCIAL CENTER

City  
BOSTONState  
MAZip Code  
02111

Outstanding Balance Beginning This Period

8449.65

Transaction ID : SD10.995201

Amount Incurred This Period

- 8449.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

**DHILLON LAW GROUP INC.**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 177 POST STREET, SUITE 700

City  
SAN FRANCISCOState  
CAZip Code  
94108

Outstanding Balance Beginning This Period

96234.84

Transaction ID : SD10.992056

Amount Incurred This Period

- 12400.00

Payment This Period

83834.84

Outstanding Balance at Close of This Period

0.00

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

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.995201

Line 10 'Amount Incurred This Period' value for Brown Rudnick LLP reflects an administrative correction of -\$8449.65 to the outstanding invoice from previously reported balance.

Form/Schedule: SD10

Transaction ID: SD10.992056

Line 10 'Amount Incurred This Period' value for Dhillon Law Group Inc. reflects an administrative correction of - \$12400.00 to the outstanding invoice from previously reported balance.

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

PAGE 101 OF 102

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

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

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

**LEVEL LAW LTD**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 20-22 SHELTONSTREET

City

COVENT GARDEN LONDON WC2H 9JJ

State

ZZ

Zip Code

99999

Outstanding Balance Beginning This Period

20053.52

Transaction ID : SD10.985732

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20053.52

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

**NECHELES LAW LLP**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 1120 SIXTH AVENUE  
4TH FLOOR

City

NEW YORK

State

NY

Zip Code

10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.997348

Amount Incurred This Period

599460.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

599460.50

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

**PORTER, MADISON, , ,**

Nature of Debt (Purpose):

TRAVEL REIMBURSEMENT

Mailing Address P.O. BOX 509

City

ARLINGTON

State

VA

Zip Code

22216

Outstanding Balance Beginning This Period

1815.88

Transaction ID : SD10.994484

Amount Incurred This Period

0.00

Payment This Period

1815.88

Outstanding Balance at Close of This Period

0.00

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

619514.02

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 102 OF 102

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

NAME OF COMMITTEE (In Full)

**SAVE AMERICA**

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

**RED CURVE SOLUTIONS**

Nature of Debt (Purpose):

REIMBURSEMENT FOR LEGAL FEES

Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.1000858

Amount Incurred This Period

58491.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

58491.59

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

**YUROWITZ LAW PLLC**

Nature of Debt (Purpose):

LEGAL CONSULTING

Mailing Address 950 THIRD AVENUE

City  
NEW YORKState  
NYZip Code  
10022

Outstanding Balance Beginning This Period

167875.00

Transaction ID : SD10.993240

Amount Incurred This Period

15750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

183625.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

242116.59

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

861630.61

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

0.00

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

861630.61