

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Boozman for Arkansas

ADDRESS (number and street)

PO Box 671

Check if different  
than previously  
reported. (ACC)

Rogers

AR

72757

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00476317

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AR

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

2024

through

M M /

D D /

Y Y Y Y

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

KOCH, TIMOTHY, A., ,

Signature of Treasurer

KOCH, TIMOTHY, A., ,

Date

M M /

D D /

Y Y Y Y

04

12

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 3**  
(Revised 05/2016)

SUMMARY PAGE  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name  
Boozman for Arkansas

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 94604.45                | 448884.53                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 2100.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 94604.45                | 446784.53                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 36461.83                | 412344.56                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 1100.00                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 36461.83                | 411244.56                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 1047764.59              |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

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 3 (Revised 05/2016)

Write or Type Committee Name

Boozman for Arkansas

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

| I. RECEIPTS                                                                                       | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                        |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                           |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                | 7050.00                       | 107636.50                          |
| (ii) Unitemized .....                                                                             | 2554.45                       | 11448.03                           |
| (iii) TOTAL of contributions from individuals .....                                               | 9604.45                       | 119084.53                          |
| (b) Political Party Committees.....                                                               | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs) .....                                               | 85000.00                      | 329800.00                          |
| (d) The Candidate .....                                                                           | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..            | 94604.45                      | 448884.53                          |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....                                              | 0.00                          | 11844.30                           |
| 13. LOANS:                                                                                        |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....                                                      | 0.00                          | 0.00                               |
| (b) All Other Loans.....                                                                          | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                    | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                              | 0.00                          | 1100.00                            |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....                                              | 8959.30                       | 9704.28                            |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 103563.75                     | 471533.11                          |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 36461.83                      | 412344.56                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 2100.00                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 2100.00                            |
| 21. OTHER DISBURSEMENTS .....                                                | 10500.00                      | 77800.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 46961.83                      | 492244.56                          |

## **III. CASH SUMMARY**

|                                                                                       |            |
|---------------------------------------------------------------------------------------|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 991162.67  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 103563.75  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 1094726.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 46961.83   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1047764.59 |

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

PAGE 5 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

JONES, RAY, , ,

A.

Mailing Address PO BOX 797

City

BENTONVILLE

State

AR

Zip Code

72712-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

67 DEVELOPMENT CORP.

Occupation

PRESIDENT

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.66883

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SICKEL, LYNN, , MR.,

Mailing Address 2653 HIGHWAY 86 E

City

DE VALLS BLUFF

State

AR

Zip Code

72041-9954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.67064

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65667

Amount of Each Receipt this Period

125.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

700.00

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

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

PAGE 6 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

A.

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.65669

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.65670

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.65671

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

75.00

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

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

PAGE 7 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.65674

Amount of Each Receipt this Period

79.12

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.65678

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.65685

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

25.00

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

PAGE 8 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

OVERHOLT, KEVIN, , ,

A.

Mailing Address P.O. BOX 555

City

LESLIE

State

AR

Zip Code

72645-0555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWPA

Occupation

HEAVY EQUIPMENT OPERATOR

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.65686

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65723

Amount of Each Receipt this Period

50.12



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER RD SE

City

SILVERTON

State

OR

Zip Code

97381-9212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.65725

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

50.00

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

PAGE 9 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65743

Amount of Each Receipt this Period

75.23

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

MORAN, FRANK, , ,

Mailing Address 1090WATERSEdge CR

City

SHREVEPORT

State

LA

Zip Code

71105-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.65745

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

MORAN, FRANK, , ,

Mailing Address 1090WATERSEdge CR

City

SHREVEPORT

State

LA

Zip Code

71105-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.65746

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

75.00

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

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

PAGE 10 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65755

Amount of Each Receipt this Period

50.45

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

MORAN, FRANK, , ,

Mailing Address 1090WATERSEdge CR

City

SHREVEPORT

State

LA

Zip Code

71105-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.65756

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65776

Amount of Each Receipt this Period

50.57

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

50.00

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

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

PAGE 11 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

A.

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.65779

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.65816

Amount of Each Receipt this Period

75.00



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

OVERHOLT, KEVIN, , ,

Mailing Address P.O. BOX 555

City

LESLIE

State

AR

Zip Code

72645-0555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWPA

Occupation

HEAVY EQUIPMENT OPERATOR

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11A.65819

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

50.00

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

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

PAGE 12 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

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

Transaction ID : SA11C.66886

Amount of Each Receipt this Period

125.84

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.66889

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2028



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : SA11A.66892

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

50.00

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

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

PAGE 13 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.66902

Amount of Each Receipt this Period

525.23

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

SMITH, TARA, , ,

Mailing Address 1124 6TH STREET NE  
APT 1

City

WASHINGTON

State

DC

Zip Code

20002-3465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL TORREY ASSOCIATES

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2028

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.66904

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.66934

Amount of Each Receipt this Period

75.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

500.00

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

PAGE 14 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

OVERHOLT, KEVIN, , ,

A.

Mailing Address P.O. BOX 555

City

LESLIE

State

AR

Zip Code

72645-0555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWPA

Occupation

HEAVY EQUIPMENT OPERATOR

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.66936

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.66937

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 7 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.66980

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

50.00

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

PAGE 15 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

COONLY, JOHN, , ,

A.

Mailing Address 300 WEST AVE APT 2326

City

AUSTIN

State

TX

Zip Code

78701-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 7 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.66981

Amount of Each Receipt this Period

50.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.66999

Amount of Each Receipt this Period

75.12



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.67003

Amount of Each Receipt this Period

25.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

75.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.67005

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

COONLY, JOHN, , ,

Mailing Address 300 WEST AVE APT 2326

City

AUSTIN

State

TX

Zip Code

78701-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

INVESTOR

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.67007

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 1 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.67020

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

25.00

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

PAGE 17 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WHITNEY SINANDER, MARGO, , ,

A.

Mailing Address POB 1244

City

CEDAR GLEN

State

CA

Zip Code

92321-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 1 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.67021

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.67048

Amount of Each Receipt this Period

3350.23

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

ARNOLD, JOHN, , ,

Mailing Address 2950 LAZY LANE BOULEVARD

City

HOUSTON

State

TX

Zip Code

77019-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11A.67051

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

3325.00

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

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

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62035.75

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 29  |   | 2024        |

Transaction ID : SA11C.67073

Amount of Each Receipt this Period

2000.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
LUCKY, PALMER, , ,

Mailing Address 1375 SUNFLOWER

City  
COSTA MESAState  
CAZip Code  
92626-1665FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDURIL INDUSTRIES, INC.

Occupation  
FOUNDER

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 29  |   | 2024        |

Transaction ID : SA11A.67074

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATIONFull Name (Last, First, Middle Initial)  
LUCKY, PALMER, , ,

Mailing Address 1375 SUNFLOWER

City  
COSTA MESAState  
CAZip Code  
92626-1665FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDURIL INDUSTRIES, INC.

Occupation  
FOUNDER

Receipt For: 2028

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 29  |   | 2024        |

Transaction ID : SA11A.67115

Amount of Each Receipt this Period

700.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

2000.00

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

PAGE 19 OF 61

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

LUCKEY, PALMER, , ,

A.

Mailing Address 1375 SUNFLOWER

City

COSTA MESA

State

CA

Zip Code

92626-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDURIL INDUSTRIES, INC.

Occupation

FOUNDER

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2024

Transaction ID : SA11A.67114

Amount of Each Receipt this Period

- 700.00



Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period



Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period



Memo Item

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

0.00

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

7050.00

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

PAGE 20 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

ALABAMA PEANUT PRODUCERS ASSOCIATION, PEANUTPAC OF ALABAMA

A.

Mailing Address P. O. BOX 10182

City  
DOTHANState  
ALZip Code  
36304-2182FEC ID number of contributing  
federal political committee.

C C00211037

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 13 2024

Transaction ID : SA11C.66997

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY PAC

B.

Mailing Address 1650 DIAGONAL ROAD

City  
ALEXANDRIAState  
VAZip Code  
22314-2857FEC ID number of contributing  
federal political committee.

C C00306449

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 26 2024

Transaction ID : SA11C.65786

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF ORTHODONTISTS PAC

C.

Mailing Address 401 N LINDBERGH BLVD

City  
SAINT LOUISState  
MOZip Code  
63141-7839FEC ID number of contributing  
federal political committee.

C C00293910

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 18 2024

Transaction ID : SA11C.66987

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

11500.00

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

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

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|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)  
AMERICAN KENNEL CLUB PACMailing Address 101 PARK AVENUE  
5TH FLOORCity  
NEW YORKState  
NYZip Code  
10178-0300FEC ID number of contributing  
federal political committee.

C C00441808

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 15  |   | 2024        |

Transaction ID : SA11C.66988

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
AMERICAN PEANUT SHELLERS ASSOCIATION PAC

Mailing Address P.O. BOX 70157

City  
ALBANYState  
GAZip Code  
31708-0157FEC ID number of contributing  
federal political committee.

C C00214148

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 13  |   | 2024        |

Transaction ID : SA11C.66984

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONFull Name (Last, First, Middle Initial)  
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)Mailing Address 5845 RICHMOND HIGHWAY  
SUITE 820City  
ALEXANDRIAState  
VAZip Code  
22303-1872FEC ID number of contributing  
federal political committee.

C C00336743

Name of Employer

Occupation

Receipt For: 2028

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03  |   | 29  |   | 2024        |

Transaction ID : SA11C.67065

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

11000.00

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

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

PAGE 22 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

BAYER U.S. LLC EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 800 N LINDBERGH BLVD

City  
ST. LOUISState  
MOZip Code  
63141-7843FEC ID number of contributing  
federal political committee.

C C00281162

Name of Employer

Occupation

Receipt For: 2028

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 26 2024

Transaction ID : SA11C.66898

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARGILL INC. PAC

Mailing Address PO BOX 9300

City  
MINNEAPOLISState  
MNZip Code  
55440-9300FEC ID number of contributing  
federal political committee.

C C00067884

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 04 2024

Transaction ID : SA11C.66927

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHS INC. POLITICAL ACTION COMMITTEE

Mailing Address 5500 CENEX DRIVE

City  
INVER GROVE HEIGHTState  
MNZip Code  
55077-1721FEC ID number of contributing  
federal political committee.

C C00149104

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 29 2024

Transaction ID : SA11C.67067

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

8500.00

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

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

PAGE 23 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

CONAGRA BRANDS, INC. GOOD GOVERNMENT ASSOCIATION

A.

Mailing Address 222 W. MERCHANDISE MART PLAZA  
SUITE 1300City  
CHICAGOState  
ILZip Code  
60654-1010FEC ID number of contributing  
federal political committee.

C C00087874

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 23 2024

Transaction ID : SA11C.65766

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CONCORDIA PAC

B.

Mailing Address PO BOX 232

City  
ASHBURNState  
GAZip Code  
31714-0232FEC ID number of contributing  
federal political committee.

C C00450866

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 13 2024

Transaction ID : SA11C.66995

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CROP INSURANCE AND REINSURANCE BUREAU (CIRB)-PAC

C.

Mailing Address 50 F STREET NW  
SUITE 650City  
WASHINGTONState  
DCZip Code  
20001-1784FEC ID number of contributing  
federal political committee.

C C00150805

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2024

Transaction ID : SA11C.66911

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

7000.00

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

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

PAGE 24 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

A.

Mailing Address 4201 WILSON BOULEVARD

SUITE 700

City

ARLINGTON

State

VA

Zip Code

22203-4454

FEC ID number of contributing  
federal political committee.

C C00248849

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 18  |   | 2024    |

Transaction ID : SA11C.66986

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELECT - THE PAC OF THE ALABAMA FARMERS FEDERATION

B.

Mailing Address P. O. BOX 11000

City

MONTGOMERY

State

AL

Zip Code

36191-0001

FEC ID number of contributing  
federal political committee.

C C00094573

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 13  |   | 2024    |

Transaction ID : SA11C.66998

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HALLMARK CARDS PAC

C.

Mailing Address 2501 MCGEE

MD853

City

KANSAS CITY

State

MO

Zip Code

64108-2615

FEC ID number of contributing  
federal political committee.

C C00000059

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 20  |   | 2024    |

Transaction ID : SA11C.67008

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

6000.00

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

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

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

INSTITUTE OF SCRAP RECYCLING INDUSTRIES, INC. PAC

A.

Mailing Address 1250 H ST., NW

SUITE 400

City

WASHINGTON

State

DC

Zip Code

20005-5903

FEC ID number of contributing  
federal political committee.

C C00046086

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.65765

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

KING &amp; SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1180 PEACHTREE STREET

City

ATLANTA

State

GA

Zip Code

30309-3531

FEC ID number of contributing  
federal political committee.

C C00204453

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.67102

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC

Mailing Address 1300 WILSON BOULEVARD

SUITE 1000

City

ARLINGTON

State

VA

Zip Code

22209-2321

FEC ID number of contributing  
federal political committee.

C C00100321

Name of Employer

Occupation

Receipt For: 2028

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.65760

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

11000.00

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

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

PAGE 26 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

NATIONAL PEANUT BUYING POINTS ASSN PEANUT BUYING POINT PAC

Mailing Address 148 RIDGE AVENUE SOUTH

City  
TIFTONState  
GAZip Code  
31794-4735FEC ID number of contributing  
federal political committee.

C C00374298

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2024

Transaction ID : SA11C.66996

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE

Mailing Address 4300 WILSON BLVD  
STE 520City  
ARLINGTONState  
VAZip Code  
22203-4178FEC ID number of contributing  
federal political committee.

C C00188011

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2024

Transaction ID : SA11C.67066

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NORTH AMERICAN MEAT INSTITUTE PAC

Mailing Address 1150 CONNECTICUT AVENUE, NW  
SUITE 1200City  
WASHINGTONState  
DCZip Code  
20036-4126FEC ID number of contributing  
federal political committee.

C C00024281

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2024

Transaction ID : SA11C.66899

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

9500.00

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

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

PAGE 27 OF 61

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

PEPSICO, INC.CONCERNED CITIZENS FUND

Mailing Address 700 ANDERSON HILL ROAD

City  
PURCHASEState  
NYZip Code  
10577-1401FEC ID number of contributing  
federal political committee.

C C00039321

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 17 2024

Transaction ID : SA11C.65748

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PRODUCERS RICE MILL INC PAC

Mailing Address PO BOX 1248

City  
STUTTGARTState  
ARZip Code  
72160-1012FEC ID number of contributing  
federal political committee.

C C00378083

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 15 2024

Transaction ID : SA11C.65869

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1015 15TH STREET NW  
SUITE 920City  
WASHINGTONState  
DCZip Code  
20005-2623FEC ID number of contributing  
federal political committee.

C C00432252

Name of Employer

Occupation

Receipt For: 2028

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 26 2024

Transaction ID : SA11C.65785

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

7000.00

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

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

PAGE 28 OF 61

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

SYNGENTA CORPORATION EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 1775 PENNSYLVANIA AVENUE NW

SUITE 600

City

WASHINGTON

State

DC

Zip Code

20006-4602

FEC ID number of contributing  
federal political committee.

C C00363945

Name of Employer

Occupation

Receipt For: 2028

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : SA11C.65761

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

UNITED STATES PEANUT POLITICAL ACTION COMMITTEE

Mailing Address 313 MASSACHUSETTS AVENUE NE

City

WASHINGTON

State

DC

Zip Code

20002-5701

FEC ID number of contributing  
federal political committee.

C C00502807

Name of Employer

Occupation

Receipt For: 2028

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C.67071

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

US APPLE ASSOCIATION PAC

Mailing Address 8233 OLD COURTHOUSE ROAD

SUITE 200

City

VIENNA

State

VA

Zip Code

22182-3816

FEC ID number of contributing  
federal political committee.

C C00344945

Name of Employer

Occupation

Receipt For: 2028

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.67014

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

11000.00

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

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

PAGE 29 OF 61

|                              |                              |                                         |                              |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| 12                           | 13a                          | 13b                                     | 14                           |
|                              |                              |                                         | 15                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

ZOETIS INC. PAC

A.

Mailing Address 701 8TH STREET, NW  
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20001-3965

FEC ID number of contributing  
federal political committee.

C C00541177

Name of Employer

Occupation

Receipt For: 2028



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11C.66945

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

2500.00

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

85000.00

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

PAGE 30 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input checked="" type="checkbox"/> 15 |                              |                              |                              |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

ARVEST BANK

A.

Mailing Address PO BOX 809

City

ROGERS

State

AR

Zip Code

72757-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

8955.40

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA15.8929

Amount of Each Receipt this Period

2473.21

☐ Memo Item

INTEREST EARNED

B.

Full Name (Last, First, Middle Initial)

ARVEST BANK

Mailing Address PO BOX 809

City

ROGERS

State

AR

Zip Code

72757-0809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

8955.40

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA15.8930

Amount of Each Receipt this Period

6482.19

☐ Memo Item

INTEREST EARNED

C.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address 330 NORTH WASHINGTON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

653.93

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA15.8832

Amount of Each Receipt this Period

1.17

☐ Memo Item

INTEREST EARNED

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

8956.57

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

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

PAGE 31 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  |
| <input checked="" type="checkbox"/> 15 |                              |                              |                              |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

WELLS FARGO

A.

Mailing Address 330 NORTH WASHINGTON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

653.93

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA15.8867

Amount of Each Receipt this Period

1.19

☐

Memo Item

INTEREST EARNED

B.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address 330 NORTH WASHINGTON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

653.93

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA15.8926

Amount of Each Receipt this Period

1.54

☐

Memo Item

INTEREST EARNED

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

2.73

☐

Memo Item

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

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

8959.30

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

PAGE 32 OF 61

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. HENDERSON , HANNAH , M., ,**

Mailing Address 520 W. POPLAR ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
ROGERSState  
ARZip Code  
72756Purpose 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:

FEC Identification Number

C

Amount of Each Disbursement this Period

918.67

Transaction ID : SB17.I8828

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HENDERSON , HANNAH , M., ,**

Mailing Address 520 W. POPLAR ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2024    |

City  
ROGERSState  
ARZip Code  
72756Purpose 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:

FEC Identification Number

C

Amount of Each Disbursement this Period

918.67

Transaction ID : SB17.I8865

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HENDERSON , HANNAH , M., ,**

Mailing Address 520 W. POPLAR ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 29  |   | 2024    |

City  
ROGERSState  
ARZip Code  
72756Purpose 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:

FEC Identification Number

C

Amount of Each Disbursement this Period

918.67

Transaction ID : SB17.I8903

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

2756.01

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

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

PAGE 33 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
PAYROLL SERVICE FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.14

Transaction ID : SB17.I8821

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
TAXES & WITHHOLDINGS

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

166.08

Transaction ID : SB17.I8827

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
PAYROLL SERVICE FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.82

Transaction ID : SB17.I8835

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

315.04

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

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

PAGE 34 OF 61

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
PAYROLL SERVICE FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.14

Transaction ID : SB17.I8863

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
TAXES & WITHHOLDINGS

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

166.08

Transaction ID : SB17.I8864

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
PAYROLL SERVICE FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.14

Transaction ID : SB17.I8896

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

306.36

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

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

PAGE 35 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. ADP, INC.**

Mailing Address ONE ADP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
TAXES & WITHHOLDINGS

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

166.08

Transaction ID : SB17.I8902

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITI CARDS**

Mailing Address PO BOX 78045

City  
PHOENIXState  
AZZip Code  
85062Purpose of Disbursement  
CREDIT CARD PAYMENT: FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

128.58

Transaction ID : SB17.I8890

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CLARK COUNTY REPUBLICAN COMMITTEE**

Mailing Address PO BOX 232

City  
ARKADELPHIAState  
ARZip Code  
71923Purpose of Disbursement  
EVENT SPONSORSHIP

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.I8893

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

794.66

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

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

PAGE 36 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I8820

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 10  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

116.55

Transaction ID : SB17.I8824

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 02  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I8860

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

1916.55

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

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

PAGE 37 OF 61

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose 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:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 04  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I8895

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COX COMMUNICATIONS**

Mailing Address 1401 S 8TH STREET

City  
ROGERSState  
ARZip Code  
72756-5333Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 26  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

85.76

Transaction ID : SB17.I8833

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COX COMMUNICATIONS**

Mailing Address 1401 S 8TH STREET

City  
ROGERSState  
ARZip Code  
72756-5333Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 26  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

48.59

Transaction ID : SB17.I8870

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

1034.35

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

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

PAGE 38 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 1131 MERCURY BLVD

City  
MURFREESBOROState  
TNZip Code  
37130Purpose of Disbursement  
SHIPPING

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

38.44

Transaction ID : SB17.I8853

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KOCH & HOOS, LLC**

Mailing Address 901 N WASHINGTON ST, SUITE 700

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ACCOUNTING/COMPLIANCE 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2042.00

Transaction ID : SB17.I8830

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KOCH & HOOS, LLC**

Mailing Address 901 N WASHINGTON ST, SUITE 700

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
ACCOUNTING/COMPLIANCE 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2061.23

Transaction ID : SB17.I8866

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

4103.23

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

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

PAGE 39 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. KOCH & HOOS, LLC**

Mailing Address 901 N WASHINGTON ST, SUITE 700

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 27  |   | 2024    |

City  
ALEXANDRIAState  
VAZip Code  
22314

FEC Identification Number

C

Purpose of Disbursement  
ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2042.00

Transaction ID : SB17.I8904

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. RESTAURANT ASSOCIATES**

Mailing Address PO BOX 417632

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 04  |   | 2024    |

City  
BOSTONState  
MAZip Code  
02241-1337

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

55.20

Transaction ID : SB17.I8813

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. RESTAURANT ASSOCIATES**

Mailing Address PO BOX 417632

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 07  |   | 2024    |

City  
BOSTONState  
MAZip Code  
02241-1337

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

138.00

Transaction ID : SB17.I8859

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

2235.20

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

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

PAGE 40 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. RESTAURANT ASSOCIATES**

Mailing Address PO BOX 417632

City  
BOSTONState  
MAZip Code  
02241-1337Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

125.20

Transaction ID : SB17.I8892

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTAURANT ASSOCIATES**

Mailing Address PO BOX 417632

City  
BOSTONState  
MAZip Code  
02241-1337Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

55.20

Transaction ID : SB17.I8905

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TCPRINT SOLUTIONS**

Mailing Address PO BOX 15368

City  
LITTLE ROCKState  
ARZip Code  
72231-5368Purpose of Disbursement  
DIRECT MAIL/POSTAGE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.11

Transaction ID : SB17.I8822

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

2680.51

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

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

PAGE 41 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. THE RIZZO DUKES GROUP**

Mailing Address 8079 CANNONBALL RIDGE LANE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
WARRENTONState  
VAZip Code  
20186

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

8575.00

Transaction ID : SB17.I8831

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. VISA - ARVEST BANK**

Mailing Address PO BOX 569200

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 02  |   | 2024    |

City  
DALLASState  
TXZip Code  
75356-9200

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMOS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6649.55

Transaction ID : SB17.I8788

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 06  |   | 2023    |

City  
DALLASState  
TXZip Code  
75261-9616

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

259.81

Transaction ID : SB17.I8795

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

15224.55

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

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

PAGE 42 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. AT&T**Mailing Address 4404 W WALNUT STREET  
SUITE 2City  
ROGERSState  
ARZip Code  
72756Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 14  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

453.52

Transaction ID : SB17.I8803

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
IT SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 15  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.99

Transaction ID : SB17.I8811

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 1131 MERCURY BLVD

City  
MURFREESBOROState  
TNZip Code  
37130Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 17  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

13.95

Transaction ID : SB17.I8804

☒ Memo Item

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

0.00

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

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

PAGE 43 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
IT 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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.I8797

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOE'S SEAFOOD**

Mailing Address 750 15TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
EVENT EXPENSE: FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3720.73

Transaction ID : SB17.I8789

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052Purpose 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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

99.99

Transaction ID : SB17.I8800

☒ Memo Item

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

0.00

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

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

PAGE 44 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. PLEASANT VALLEY STORAGE**

Mailing Address 1703 S 40TH ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 30  |   | 2023    |

City  
SPRINGDALEState  
ARZip Code  
72762

FEC Identification Number

C

Purpose of Disbursement  
STORAGE RENTAL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

114.00

Transaction ID : SB17.I8798

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. RX CATERING**

Mailing Address 921 W CAPITOL AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 21  |   | 2023    |

City  
LITTLE ROCKState  
ARZip Code  
72201

FEC Identification Number

C

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

410.09

Transaction ID : SB17.I8807

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 06  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20004

FEC Identification Number

C

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

28.00

Transaction ID : SB17.I8790

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 45 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 06  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.I8791

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 13  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

41.00

Transaction ID : SB17.I8792

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 14  |   | 2023    |

FEC Identification Number

C

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.I8793

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

0.00

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

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

PAGE 46 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. SP PLUS CORPORATION**

Mailing Address 1 MEMORIAL AVE

City  
ARLINGTONState  
VAZip Code  
22211Purpose of Disbursement  
PARKING

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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.85

Transaction ID : SB17.I8810

☒ Memo Item**B. STAPLES**

Mailing Address 4021 W WALNUT STREET

City  
ROGERSState  
ARZip Code  
72756-1842Purpose 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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

95.24

Transaction ID : SB17.I8806

☒ Memo Item**C. USPS**

Mailing Address 401 N 8TH ST

City  
ROGERSState  
ARZip Code  
72756-9998Purpose of Disbursement  
SHIPPING

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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 8 | / | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.I8801

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

0.00

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

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

PAGE 47 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. WE, THE PIZZA**

Mailing Address 305 PENNSYLVANIA AVE, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

441.98

Transaction ID : SB17.I8808

☒ Memo Item**B. WYNDHAM RIVERFRONT**

Mailing Address 2 RIVERFRONT PLACE

City  
N LITTLE ROCKState  
ARZip Code  
72114-5653Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

262.00

Transaction ID : SB17.I8794

☒ Memo Item**C. VISA - ARVEST BANK**

Mailing Address PO BOX 569200

City  
DALLASState  
TXZip Code  
75356-9200Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMOS

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2418.60

Transaction ID : SB17.I8836

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

2418.60

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

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

PAGE 48 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLASState  
TXZip Code  
75261-9616Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

557.20

Transaction ID : SB17.I8844

☒ Memo Item**B. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLASState  
TXZip Code  
75261-9616Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

82.00

Transaction ID : SB17.I8846

☒ Memo Item**C. AMERICAN AIRLINES**

Mailing Address PO BOX 619616

City  
DALLASState  
TXZip Code  
75261-9616Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

488.20

Transaction ID : SB17.I8848

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

0.00

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

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

PAGE 49 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. AT&T**Mailing Address 4404 W WALNUT STREET  
SUITE 2City  
ROGERSState  
ARZip Code  
72756Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

450.27

Transaction ID : SB17.I8854

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BISTRO CACAO**

Mailing Address 320 MASSACHUSETTS AVE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

163.50

Transaction ID : SB17.I8840

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
IT 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.99

Transaction ID : SB17.I8857

☒ Memo Item

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

0.00

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

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

PAGE 50 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 1131 MERCURY BLVD

City  
MURFREESBOROState  
TNZip Code  
37130Purpose of Disbursement  
SHIPPING

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

38.44

Transaction ID : SB17.I8858

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
IT 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.I8851

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PLEASANT VALLEY STORAGE**

Mailing Address 1703 S 40TH ST

City  
SPRINGDALEState  
ARZip Code  
72762Purpose of Disbursement  
STORAGE RENTAL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

114.00

Transaction ID : SB17.I8852

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

0.00

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

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

PAGE 51 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

37.00

Transaction ID : SB17.I8841

☒ Memo Item**B. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

56.00

Transaction ID : SB17.I8842

☒ Memo Item**C. SP PLUS CORPORATION**

Mailing Address 1 MEMORIAL AVE

City  
ARLINGTONState  
VAZip Code  
22211Purpose of Disbursement  
PARKING

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

70.85

Transaction ID : SB17.I8856

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

0.00

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

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

PAGE 52 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. VISA - ARVEST BANK**

Mailing Address PO BOX 569200

City  
DALLASState  
TXZip Code  
75356-9200Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMOS

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2215.90

Transaction ID : SB17.I8871

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T**Mailing Address 4404 W WALNUT STREET  
SUITE 2City  
ROGERSState  
ARZip Code  
72756Purpose of Disbursement  
PHONE EXPENSE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

450.35

Transaction ID : SB17.I8884

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BISTRO BIS**

Mailing Address 15 E STREET NW

City  
WASHINGTONState  
DCZip Code  
20001-1501Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.I8875

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

2215.90

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

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

PAGE 53 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. DROPBOX**

Mailing Address 185 BERRY ST

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
IT 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.99

Transaction ID : SB17.I8888

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 1131 MERCURY BLVD

City  
MURFREESBOROState  
TNZip Code  
37130Purpose of Disbursement  
SHIPPING

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

55.05

Transaction ID : SB17.I8883

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 1131 MERCURY BLVD

City  
MURFREESBOROState  
TNZip Code  
37130Purpose of Disbursement  
SHIPPING

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

37.02

Transaction ID : SB17.I8885

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

0.00

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

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

PAGE 54 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
IT 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.I8881

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. PARK GRILL AT ARKANSAS MUSEUM OF FINE ARTS**

Mailing Address 501 E 9TH STREET

City  
LITTLE ROCKState  
ARZip Code  
72202Purpose of Disbursement  
FOOD & BEVERAGE

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

FEC Identification Number

C

Amount of Each Disbursement this Period

379.43

Transaction ID : SB17.I8889

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PLEASANT VALLEY STORAGE**

Mailing Address 1703 S 40TH ST

City  
SPRINGDALEState  
ARZip Code  
72762Purpose of Disbursement  
STORAGE RENTAL

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

114.00

Transaction ID : SB17.I8882

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

0.00

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

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

PAGE 55 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.I8872

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.I8873

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.I8874

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

0.00

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

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

PAGE 56 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. SENATE DINING ROOM**Mailing Address US CAPITOL  
S-110City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD & BEVERAGE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.I8886

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SP PLUS CORPORATION**

Mailing Address 1 MEMORIAL AVE

City  
ARLINGTONState  
VAZip Code  
22211Purpose of Disbursement  
PARKING

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

FEC Identification Number

C

Amount of Each Disbursement this Period

70.85

Transaction ID : SB17.I8887

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.11

Transaction ID : SB17.I8819

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

11.11

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

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

PAGE 57 OF 61

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.89

Transaction ID : SB17.I8823

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.99

Transaction ID : SB17.I8825

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.15

Transaction ID : SB17.I8826

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

43.03

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

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

PAGE 58 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8.98

Transaction ID : SB17.I8834

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.93

Transaction ID : SB17.I8861

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9.06

Transaction ID : SB17.I8862

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

24.97

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

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

PAGE 59 OF 61

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7.39

Transaction ID : SB17.I8868

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.95

Transaction ID : SB17.I8869

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
EARMARK PROCESSING FEE

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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

31.63

Transaction ID : SB17.I8897

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

45.97

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

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

PAGE 60 OF 61

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 12  |   | 2024    |

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
EARMARK PROCESSING FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

9.93

Transaction ID : SB17.I8898

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 19  |   | 2024    |

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
EARMARK PROCESSING FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

15.85

Transaction ID : SB17.I8899

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 26  |   | 2024    |

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
EARMARK PROCESSING FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

9.91

Transaction ID : SB17.I8900

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

35.69

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

36161.73

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

PAGE 61 OF 61

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Boozman for Arkansas

Full Name (Last, First, Middle Initial)

**A. A-STATE FOUNDATION**

Mailing Address PO BOX 1990

City  
STATE UNIVERSITYState  
ARZip Code  
72467Purpose of Disbursement  
CHARITABLE CONTRIBUTION

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 | / | D D | / | Y Y Y Y |
| 01  |   | 08  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.I8814

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHOOSE LIFE ARKANSAS**

Mailing Address 1515 S. UNIVERSITY AVE

City  
LITTLE ROCKState  
ARZip Code  
72204Purpose of Disbursement  
CONTRIBUTION

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 | / | D D | / | Y Y Y Y |
| 03  |   | 18  |   | 2024    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB21.I8894

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  

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

Disbursement For:  

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

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

10500.00

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

10500.00