

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

DUTY FIRST PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Kilgore, Paul, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Kilgore, Paul, , ,* [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DUTY FIRST PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49524.39"/>	<input type="text" value="49524.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49524.39"/>	<input type="text" value="49524.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39842.85"/>	<input type="text" value="39842.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9681.54"/>	<input type="text" value="9681.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="232707.26"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

DUTY FIRST PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26720.00	26720.00
(ii) Unitemized	22727.33	22727.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49447.33	49447.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	49447.33	49447.33
12. Transfers From Affiliated/Other Party Committees.....	77.06	77.06
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49524.39	49524.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49524.39	49524.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	37342.85	37342.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	37342.85	37342.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39842.85	39842.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39842.85	39842.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49447.33	49447.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49447.33	49447.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	37342.85	37342.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37342.85	37342.85

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XA
Transaction ID :

The Following Debts accumulated by Sam Brown PAC (C00783936) Have Been Assumed By Duty First Pac (C00819888): 8 News Now, American Express, Sam Brown, Campaign Sidekick, Campaign Solutions, Connell Donatelli, Inc, HSP Direct, Imge LLC, Las Vegas Color Graphics, MWE Group, LLC, Professional Data Services, Relentless Strategies, Sunrise Data Services, Ad Victoriam, Chariot Campaigns, Rite Envelope & Graphics, Image Direct, Novalist

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
DUTY FIRST PAC

A. Babcock, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 NW 10th St
 City Meridian State ID Zip Code 83646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2022
Transaction ID : SA11AI.5659
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bailey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 Desert Jewel Court
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2022
Transaction ID : SA11AI.6027
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Borell, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 W. Garfield St.
 City Lindsborg State KS Zip Code 67456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2022
Transaction ID : SA11AI.5911
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Bowers, Guy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2022

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5916.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2022

Transaction ID : SA11AI.4496.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

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

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2022

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17105.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2022

Transaction ID : SA11AI.5059.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

B. Bowers, Guy, , ,

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

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2022

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period
10.00

Memo Item
Earmarked via WinRed

C. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
17115.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2022

Transaction ID : SA11AI.5060.0

Amount of Each Receipt this Period
10.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Bowers, Guy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2022

Transaction ID : SA11AI.5061

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17165.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2022

Transaction ID : SA11AI.5061.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

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

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2022

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18922.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2022

Transaction ID : SA11AI.5140.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

B. Bowers, Guy, , ,

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

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2022

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

C. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18972.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2022

Transaction ID : SA11AI.5141.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Bowers, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8635 W. Sahara Avenue; #70
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 15 / 2022
Transaction ID : SA11AI.5142
 Amount of Each Receipt this Period 50.00
 Memo Item
 Earmarked via WinRed

B. WinRed
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9891
 City Arlington State VA Zip Code 22219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 19022.83

Date of Receipt 09 / 19 / 2022
Transaction ID : SA11AI.5142.0
 Amount of Each Receipt this Period 50.00
 Memo Item
 Conduit Memo

C. Bowers, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8635 W. Sahara Avenue; #70
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.5457
 Amount of Each Receipt this Period 100.00
 Memo Item
 Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22438.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA11AI.5457.0

Amount of Each Receipt this Period
100.00

Memo Item
Conduit Memo

B. Bowers, Guy, , ,

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

Mailing Address 8635 W. Sahara Avenue; #70

City Las Vegas	State NV	Zip Code 89117
-------------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

C. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
22488.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA11AI.5458.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Bowers, Guy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8635 W. Sahara Avenue; #70
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.5459
 Amount of Each Receipt this Period 100.00
 Memo Item
 Earmarked via WinRed

B. WinRed
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9891
 City Arlington State VA Zip Code 22219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22588.33

Date of Receipt 09 / 30 / 2022
Transaction ID : SA11AI.5459.0
 Amount of Each Receipt this Period 100.00
 Memo Item
 Conduit Memo

C. Brown, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5355 Stone Barn Rd
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cincinnati Bengals Occupation (for Individual) Businessman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 25 / 2022
Transaction ID : SA11AI.5537
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Burns, Sigrid, , ,		Date of Receipt MM / DD / YYYY 08 / 25 / 2022
Mailing Address 831 George Washington Way		Transaction ID : SA11AI.5595
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Culbertson, John, , ,		Date of Receipt MM / DD / YYYY 09 / 22 / 2022
Mailing Address 19190 S Alpha Ave. Apt. 11103		Transaction ID : SA11AI.5897
City Green Valley	State AZ	Zip Code 85614
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Franklin, Larry, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2022
Mailing Address 12500 san pedro ave, suite 404, su		Transaction ID : SA11AI.5079
City San Antonio	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item Earmarked via WinRed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18719.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2022

Transaction ID : SA11AI.5079.0

Amount of Each Receipt this Period
1000.00

Memo Item
Conduit Memo

B. Gayler, William, , ,

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

Mailing Address 10015 US Highway 441

City Boynton Beach	State FL	Zip Code 33473
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2022

Transaction ID : SA11AI.5559

Amount of Each Receipt this Period
500.00

Memo Item

C. Grant, Dorothy, , ,

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

Mailing Address 10 North Highland Place

City Mount Vernon	State IL	Zip Code 62864
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2022

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period
75.00

Memo Item
Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19242.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2022

Transaction ID : SA11AI.5180.0

Amount of Each Receipt this Period
75.00

Memo Item
Conduit Memo

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

Mailing Address 10 North Highland Place

City Mount Vernon	State IL	Zip Code 62864
----------------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period
10.00

Memo Item
Earmarked via WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
22824.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA11AI.5427.0

Amount of Each Receipt this Period
10.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	10.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Grant, Dorothy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 North Highland Place

City Mount Vernon	State IL	Zip Code 62864
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period
50.00

Memo Item
Earmarked via WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22899.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA11AI.5428.0

Amount of Each Receipt this Period
50.00

Memo Item
Conduit Memo

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

Mailing Address 2604 Spearpoint Drive

City Reno	State NV	Zip Code 89509
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2022

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5234.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2022

Transaction ID : SA11AI.4331.0

Amount of Each Receipt this Period
1000.00

Memo Item
Conduit Memo

B. Harmon, Rebecca, , ,

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

Mailing Address 945 Pyrite Ave

City Henderson	State NV	Zip Code 89011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2022

Transaction ID : SA11AI.5149

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked via WinRed

C. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20712.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2022

Transaction ID : SA11AI.5149.0

Amount of Each Receipt this Period
250.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kegley, Robert, , ,		Date of Receipt
Mailing Address 1366 Opal Valley St		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2022"/>
City Henderson	State NV	Zip Code 89052
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5715
Name of Employer (for Individual) None		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kincade-Endresen, E. Mardell, , ,		Date of Receipt
Mailing Address 57 Tennis Club Dr		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2022"/>
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5800
Name of Employer (for Individual) None		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="2000.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Laird, Thaddeus, , ,		Date of Receipt
Mailing Address 1775 Caughlin Creek Rd		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Reno	State NV	Zip Code 89519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4909
Name of Employer (for Individual) Tahoe Forest Hospital		Occupation (for Individual) Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
<input type="checkbox"/> Memo Item		Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16850.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2022

Transaction ID : SA11AI.4909.0

Amount of Each Receipt this Period
25.00

Memo Item
Conduit Memo

B. Laymon, Dwane, , ,

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

Mailing Address 5002 45th West Ave

City Tulsa	State OK	Zip Code 74107
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2022

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period
500.00

Memo Item

C. Mafrige, David, Z, ,

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

Mailing Address 1250 Wood Branch Park Drive

City Houston	State TX	Zip Code 77079
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Commercial Real Estate Investments
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2022

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period
1000.00

Memo Item
Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WinRed		Date of Receipt
Mailing Address PO Box 9891		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2022"/>
City Arlington	State VA	Zip Code 22219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4260.0
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input checked="" type="checkbox"/> Memo Item Conduit Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3585.50"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mcdonald, Casey, , ,		Date of Receipt
Mailing Address PO Box 74		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2022"/>
City Genoa	State NV	Zip Code 89411
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4159
Name of Employer (for Individual) Battle Born Elevated Imagery LLC		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Photographer		<input type="checkbox"/> Memo Item Earmarked via WinRed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WinRed		Date of Receipt
Mailing Address PO Box 9891		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2022"/>
City Arlington	State VA	Zip Code 22219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4159.0
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual)		<input checked="" type="checkbox"/> Memo Item Conduit Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1766.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. McNulty, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20611 Chanson Way
 City Reno State NV Zip Code 89511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2022
Transaction ID : SA11AI.4842
 Amount of Each Receipt this Period 250.00
 Memo Item
 Earmarked via WinRed

B. WinRed
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9891
 City Arlington State VA Zip Code 22219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 14457.83

Date of Receipt 09 / 06 / 2022
Transaction ID : SA11AI.4842.0
 Amount of Each Receipt this Period 250.00
 Memo Item
 Conduit Memo

C. Muzzy, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2924 LaCresta Circle
 City Minden State NV Zip Code 89423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 08 / 17 / 2022
Transaction ID : SA11AI.4478
 Amount of Each Receipt this Period 2900.00
 Memo Item
 Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	3150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9161.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 23 / 2022

Transaction ID : SA11AI.4478.0

Amount of Each Receipt this Period
2900.00

Memo Item
Conduit Memo

B. Muzzy, Lynn, , ,

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

Mailing Address 2924 LaCresta Cir

City Minden	State NV	Zip Code 89423
----------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 17 / 2022

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
2900.00

Memo Item
Earmarked via WinRed

C. WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
-------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12061.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 23 / 2022

Transaction ID : SA11AI.4479.0

Amount of Each Receipt this Period
2900.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	2900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Reinhard, Donald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 Harvard Ave

City Palmerton	State PA	Zip Code 18071
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2022

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 15500 Emerald Coast Parkway #1204

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked via WinRed

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
21077.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA11AI.5304.0

Amount of Each Receipt this Period
250.00

Memo Item
Conduit Memo

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Steele, McDowell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1337
 City Salina State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2022
Transaction ID : SA11AI.5759
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Steele, McDowell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1337
 City Salina State KS Zip Code 67402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2022
Transaction ID : SA11AI.5760
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Sullivan, Mari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11865 Doolin Court
 City Dallas State TX Zip Code 75230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2022
Transaction ID : SA11AI.4856
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Earmarked via WinRed

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16418.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2022

Transaction ID : SA11AI.4856.0

Amount of Each Receipt this Period
500.00

Memo Item
Conduit Memo

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

Mailing Address 1327 Lawson Ln

City Mc Lean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2022

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
275.00

Memo Item

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

Mailing Address PO Box 9298

City Groton	State CT	Zip Code 06340
----------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2022

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Wagner, Camille, , ,

Mailing Address 6004 Glen Hill Rd.

City Louisville	State KY	Zip Code 40222
--------------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Homemaker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO Box 520

City Carson City	State NV	Zip Code 89702
---------------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2022

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2062 Spyglass Trail E

City Oxnard	State CA	Zip Code 93036
----------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) Retired
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2022

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	26720.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. SAM BROWN PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 34089

City RENO	State NV	Zip Code 89533
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00783936

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
77.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA12.6140

Amount of Each Receipt this Period
77.06

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.06
TOTAL This Period (last page this line number only).....	77.06

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brown, Sam, , ,			Date of Receipt MM / DD / YYYY 05 / 12 / 2021 Transaction ID : SA13.6173
Mailing Address Po Box 34089			Amount of Each Receipt this Period 1000.00
City Reno	State NV	Zip Code 89533	<input checked="" type="checkbox"/> Memo Item Candidate Loan from Sam Brown PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brown, Sam, , ,			Date of Receipt MM / DD / YYYY 06 / 01 / 2021 Transaction ID : SA13.6181
Mailing Address Po Box 34089			Amount of Each Receipt this Period 15900.00
City Reno	State NV	Zip Code 89533	<input checked="" type="checkbox"/> Memo Item Candidate Loan from Sam Brown PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brown, Sam, , ,			Date of Receipt MM / DD / YYYY 07 / 18 / 2022 Transaction ID : SA13.6183
Mailing Address Po Box 34089			Amount of Each Receipt this Period 27000.00
City Reno	State NV	Zip Code 89533	<input checked="" type="checkbox"/> Memo Item Candidate Loan from Sam Brown PAC
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Sam, , ,

Mailing Address Po Box 34089

City Reno	State NV	Zip Code 89533
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2022

Transaction ID : SA13.6184

Amount of Each Receipt this Period

25000.00

Memo Item
Candidate Loan from Sam Brown PAC

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

Mailing Address Po Box 34089

City Reno	State NV	Zip Code 89533
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		28		2022

Transaction ID : SA13.6185

Amount of Each Receipt this Period

166.99

Memo Item
Candidate Loan from Sam Brown PAC

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

--

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial)

A. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

[Redacted] 255.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4458

Amount of Each Disbursement this Period

[Redacted] 864.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2022

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.4663

Amount of Each Disbursement this Period

[Redacted] 13.50

Memo Item

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

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

[Redacted] 1133.25

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Ad Victoriam

Full Name (Last, First, Middle Initial)

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 23 / 2022

FEC Identification Number: C []
Transaction ID : SB21B.4463
Amount of Each Disbursement this Period: [] 537.00

Memo Item

B. Ad Victoriam

Full Name (Last, First, Middle Initial)

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 30 / 2022

FEC Identification Number: C []
Transaction ID : SB21B.4665
Amount of Each Disbursement this Period: [] 170.00

Memo Item

C. Ad Victoriam

Full Name (Last, First, Middle Initial)

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number: C []
Transaction ID : SB21B.4735
Amount of Each Disbursement this Period: [] 945.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 1652.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial)

A. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5118
Amount of Each Disbursement this Period
81.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5121
Amount of Each Disbursement this Period
13.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5130
Amount of Each Disbursement this Period
205.00

Memo Item

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

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

299.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial)

A. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5348
Amount of Each Disbursement this Period
291.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5393
Amount of Each Disbursement this Period
132.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ad Victoriam

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5395
Amount of Each Disbursement this Period
13.50

Memo Item

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

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

436.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Ad Victoriam

Full Name (Last, First, Middle Initial)

Mailing Address 1622 201st St

City Bayside State NY Zip Code 10004

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 30 / 2022

FEC Identification Number C

Transaction ID : SB21B.5397

Amount of Each Disbursement this Period 50.00

Memo Item

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 96001

City Los Angeles State CA Zip Code 90096

Purpose of Disbursement PAC CC Balance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 09 / 2022

FEC Identification Number C

Transaction ID : SB21B.5387

Amount of Each Disbursement this Period 923.00

Memo Item

C. Campaign Sidekick

Full Name (Last, First, Middle Initial)

Mailing Address 1550 Old Annetta Rd

City Aledo State TX Zip Code 76008

Purpose of Disbursement PAC Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 14 / 2022

FEC Identification Number C

Transaction ID : SB21B.5388

Amount of Each Disbursement this Period 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10973.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 06 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4736 Amount of Each Disbursement this Period [REDACTED] 52.85	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5119 Amount of Each Disbursement this Period [REDACTED] 37.95	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 12 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5122 Amount of Each Disbursement this Period [REDACTED] 0.20	
City Alexandria	State VA	Zip Code 22314	Category/ Type [REDACTED]
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

91.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 19 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [] Transaction ID : SB21B.5131 Amount of Each Disbursement this Period [] 25.94	
City Alexandria	State VA	Zip Code 22314	Category/ Type []
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 26 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [] Transaction ID : SB21B.5349 Amount of Each Disbursement this Period [] 5.30	
City Alexandria	State VA	Zip Code 22314	Category/ Type []
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Campaign Solutions		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022	
Mailing Address 117 N. Saint Asaph St		FEC Identification Number C [] Transaction ID : SB21B.5398 Amount of Each Disbursement this Period [] 22.45	
City Alexandria	State VA	Zip Code 22314	Category/ Type []
Purpose of Disbursement PAC CC Transaction Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 53.69
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial) A. MWE Group, LLC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address 6501 E Greenway Pkwy Ste 103		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5127 Amount of Each Disbursement this Period 7500.00
City Scottsdale	State AZ	Zip Code 85254
Purpose of Disbursement PAC Finance Consulting		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MWE Group, LLC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2022
Mailing Address 6501 E Greenway Pkwy Ste 103		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5384 Amount of Each Disbursement this Period 5000.00
City Scottsdale	State AZ	Zip Code 85254
Purpose of Disbursement PAC Fundraising Consulting		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Pahrump Senior Center, INC		Date of Disbursement MM / DD / YYYY 08 / 30 / 2022
Mailing Address 1370 W Basin Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5386 Amount of Each Disbursement this Period 370.00
City Pahrump	State NV	Zip Code 89060
Purpose of Disbursement PAC Meeting Expense		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

12870.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Professional Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 824 S Milledge Ave
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 24 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5380

Amount of Each Disbursement this Period: 4293.96

Memo Item

B. Professional Data Services

Full Name (Last, First, Middle Initial)

Mailing Address 824 S Milledge Ave
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5381

Amount of Each Disbursement this Period: 4294.31

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 09 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4457

Amount of Each Disbursement this Period: 152.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8741.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4661
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4462
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4664
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2022

FEC Identification Number

C
Transaction ID : SB21B.4734
Amount of Each Disbursement this Period
126.64

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5117
Amount of Each Disbursement this Period
68.51

Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2022

FEC Identification Number

C
Transaction ID : SB21B.5120
Amount of Each Disbursement this Period
1.89

Memo Item

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

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

197.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5129

Amount of Each Disbursement this Period: 74.94

Memo Item

B. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5347

Amount of Each Disbursement this Period: 31.42

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

Purpose of Disbursement PAC CC Transaction Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5392

Amount of Each Disbursement this Period: 14.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 121.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022	
Mailing Address PO Box 9891		FEC Identification Number C [] Transaction ID : SB21B.5394	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period [] 3.03
Purpose of Disbursement PAC CC Transaction Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 09 / 30 / 2022	
Mailing Address PO Box 9891		FEC Identification Number C [] Transaction ID : SB21B.5396	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period [] 36.81
Purpose of Disbursement PAC CC Transaction Fees		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period []
Purpose of Disbursement		Category/ Type []	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 39.84
TOTAL This Period (last page this line number only).....▶	[] 36942.72

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. LAXALT FOR SENATE

Full Name (Last, First, Middle Initial)
LAXALT FOR SENATE

Date of Disbursement
MM / DD / YYYY
09 / 02 / 2022

Mailing Address PO BOX 751102

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement Contribution

Candidate Name LAXALT, ADAM, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NV District: 00

FEC Identification Number C00787135
Transaction ID : SB23.6186
Amount of Each Disbursement this Period 2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Transaction ID : **SC/10.6173**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brown, Sam, , ,			N <input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Po Box 34089				
City Reno	State NV	ZIP Code 89533		

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred MM / DD / YYYY 05 / 12 / 2021	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 0.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Transaction ID : **SC/10.6181**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brown, Sam, , ,			N <input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Po Box 34089				
City Reno	State NV	ZIP Code 89533		

Original Amount of Loan 15900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15900.00
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TERMS

Date Incurred MM / DD / YYYY 06 / 01 / 2021	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 0.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Transaction ID : **SC/10.6183**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brown, Sam, , ,			N <input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Po Box 34089				
City Reno	State NV	ZIP Code 89533		

Original Amount of Loan 27000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 27000.00
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TERMS

Date Incurred MM / DD / YYYY 07 / 18 / 2022	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 0.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Transaction ID : **SC/10.6184**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brown, Sam, , ,		N <input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Po Box 34089			
City Reno	State NV	ZIP Code 89533	

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS

Date Incurred MM / DD / YYYY 08 / 18 / 2022	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	[] 0.00
TOTALS This Period (last page in this line only)	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Transaction ID : **SC/10.6185**

LOAN SOURCE Full Name (Last, First, Middle Initial) Brown, Sam, , ,			N <input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address Po Box 34089				
City Reno	State NV	ZIP Code 89533		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
166.99	0.00	166.99

TERMS

Date Incurred MM / DD / YYYY 09 / 28 / 2022	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 8 News Now		Nature of Debt (Purpose): Assumed from Sam Brown PAC- Advertising	
Mailing Address 3228 Channel 8 Dr			
City Las Vegas	State NV	Zip Code 89109	

Outstanding Balance Beginning This Period 8946.25	Transaction ID : SD10.5354	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8946.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ad Victoriam		Nature of Debt (Purpose): Assumed from Sam Brown PAC - Advertising Consulting	
Mailing Address 1622 201st St			
City Bayside	State NY	Zip Code 10004	

Outstanding Balance Beginning This Period 1500.00	Transaction ID : SD10.6698	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Assumed from Sam Brown PAC- CC Balance	
Mailing Address PO Box 96001			
City Los Angeles	State CA	Zip Code 90096	

Outstanding Balance Beginning This Period 25765.64	Transaction ID : SD10.5360	
Amount Incurred This Period 0.00	Payment This Period 923.00	Outstanding Balance at Close of This Period 24842.64

1) SUBTOTALS This Period This Page (optional)..... ▶	35288.89
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brown, Sam, , ,			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Campaign Travel
Mailing Address Po Box 34089			
City Reno	State NV	Zip Code 89533	

Outstanding Balance Beginning This Period 9202.82	Transaction ID : SD10.5376	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9202.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Sidekick			Nature of Debt (Purpose): Assumed from Sam Brown PAC Software
Mailing Address 1550 Old Annetta Rd			
City Aledo	State TX	Zip Code 76008	

Outstanding Balance Beginning This Period 19107.82	Transaction ID : SD10.5356	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 9107.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions			Nature of Debt (Purpose): Assumed from Sam Brown PAC -Advertising
Mailing Address 117 N. Saint Asaph St			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 9000.87	Transaction ID : SD10.5361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9000.87

1) SUBTOTALS This Period This Page (optional)..... ▶	27311.51
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chariot Campaigns Inc			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Strategy Consulting
Mailing Address 1800 J St			
City Sacramento	State CA	Zip Code 95811	

Outstanding Balance Beginning This Period 19214.89	Transaction ID : SD10.6699	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19214.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connell Donatelli, INC			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Advertising
Mailing Address 117 N Saint Asaph St			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 3500.00	Transaction ID : SD10.5358	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HSP Direct			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Direct Mail Services
Mailing Address 20130 Lakeview Center Plz			
City Ashburn	State VA	Zip Code 20147	

Outstanding Balance Beginning This Period 56357.60	Transaction ID : SD10.5362	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 56357.60

1) SUBTOTALS This Period This Page (optional)..... ▶	79072.49
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Image Direct			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Direct Mail Services
Mailing Address 200 Monroe Ave			
City Frederick	State MD	Zip Code 21701	

Outstanding Balance Beginning This Period <input type="text" value="2685.49"/>	Transaction ID : SD10.6703	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2685.49"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Imge LLC			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Website Services
Mailing Address 109 S Washington St FL 2			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="10750.00"/>	Transaction ID : SD10.5366	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10750.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Las Vegas Color Graphics			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Postage
Mailing Address 4265 W Sunset Rd			
City Las Vegas	State NV	Zip Code 89118	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.5368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="18435.49"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWE Group, LLC			Nature of Debt (Purpose): Assumed from Sam Brown PAC -Fundraising Consulting
Mailing Address 6501 E Greenway Pkwy Ste 103			
City Scottsdale	State AZ	Zip Code 85254	

Outstanding Balance Beginning This Period 55000.00	Transaction ID : SD10.5371	
Amount Incurred This Period 0.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 50000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Novalist			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Direct Mail Services
Mailing Address 20130 Lakeview Center Plz 300			
City Ashburn	State VA	Zip Code 20147	

Outstanding Balance Beginning This Period 2487.84	Transaction ID : SD10.6705	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2487.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pahrump Senior Center, INC			Nature of Debt (Purpose): Assumed from Sam Brown PAC -Meeting Expense
Mailing Address 1370 W Basin Ave			
City Pahrump	State NV	Zip Code 89060	

Outstanding Balance Beginning This Period 370.00	Transaction ID : SD10.5385	
Amount Incurred This Period 0.00	Payment This Period 370.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....▶	52487.84
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 57
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Professional Data Services			Nature of Debt (Purpose): Assumed from Sam Brown PAC -Compliance Consulting
Mailing Address 824 S Milledge Ave Ste 101			
City Athens	State GA	Zip Code 30605	

Outstanding Balance Beginning This Period <input type="text" value="12852.85"/>	Transaction ID : SD10.5373	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8588.27"/>	Outstanding Balance at Close of This Period <input type="text" value="4264.58"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Relantless Strategies			Nature of Debt (Purpose): Assumed from Sam Brown PAC-Strategy Consulting
Mailing Address 918 14th St SE Apt. 3			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.5374	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rite Envelope & Graphics Inc			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Direct Mail Services
Mailing Address 250 Boot Rd			
City Downingtown	State PA	Zip Code 19335	

Outstanding Balance Beginning This Period <input type="text" value="1703.16"/>	Transaction ID : SD10.6701	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1703.16"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="10967.74"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
DUTY FIRST PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Data Services			Nature of Debt (Purpose): Assumed from Sam Brown PAC- Direct Mail Services
Mailing Address 20130 Lakeview Center Plz			
City Ashburn	State VA	Zip Code 20147	

Outstanding Balance Beginning This Period 9143.30	Transaction ID : SD10.5378	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9143.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	9143.30
2) TOTALS This Period (last page this line number only)..... ▶	232707.26
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	232707.26