

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Stivers For Congress

ADDRESS (number and street)

4679 Winterset Dr

Check if different  
than previously  
reported. (ACC)

Columbus

OH

43220-8113

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00441352

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

OH

15

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer

Yuskewich, J. Matthew, , Mr.,

Signature of Treasurer

Yuskewich, J. Matthew, , Mr.,

Date

M M /

D D /

Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Stivers For Congress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
09 / 30 / 2023

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 0.00                    | 0.00                               |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 0.00                    | 0.00                               |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 3140.40                 | 12369.63                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 3140.40                 | 12369.63                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 254171.32               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Stivers For Congress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2023

To:

MM / DD / YYYY  
09 / 30 / 2023**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

(ii) Unitemized.....

(iii) TOTAL of contributions  
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....16. **TOTAL RECEIPTS** (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 3140.40                       | 12369.63                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 11000.00                      | 35500.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 14140.40                      | 47869.63                           |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 268311.72 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 0.00      |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 268311.72 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 14140.40  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 254171.32 |

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

PAGE 5 OF 9

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

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)

Stivers For Congress

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1

City  
Los AngelesState  
CAZip Code  
90096-8000Purpose of Disbursement  
Credit Card Payment-Fees

Candidate Name

Office Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.86

Transaction ID : BC23F0E7A2DC64C059E7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220-8113Purpose of Disbursement  
Accounting

Candidate Name

Office Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

270.00

Transaction ID : B7D109C30EE6749CAB07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220-8113Purpose of Disbursement  
Accounting

Candidate Name

Office Sought: 

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

Disbursement For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

536.25

Transaction ID : B134B61EC5ED84F1AB06

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

853.11

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

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

PAGE 6 OF 9

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

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)

Stivers For Congress

Full Name (Last, First, Middle Initial)

**A. Winterset CPA Group, Inc.**

Mailing Address 4679 Winterset Drive

City  
ColumbusState  
OHZip Code  
43220-8113Purpose of Disbursement  
Accounting

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

230.00

Transaction ID : B3BEB81F1814B4AB29C0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Aristotle International Inc**

Mailing Address PO BOX 716045

City  
PhiladelphiaState  
PAZip Code  
19171-6045Purpose of Disbursement  
Compliance Software

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BC8CF715F2DE740AFBBF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 1

City  
Los AngelesState  
CAZip Code  
90096-8000Purpose of Disbursement  
Credit Card Payment-Fees

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

176.86

Transaction ID : B5CB3B8B615924C2090B

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

1906.86

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

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

PAGE 7 OF 9

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

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)

Stivers For Congress

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1

Date of Disbursement

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

City  
Los AngelesState  
CAZip Code  
90096-8000

FEC Identification Number

C

Purpose of Disbursement  
Service Fees

001

Amount of Each Disbursement this Period

5.11

Transaction ID : BA511889E547D452D992

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. GoDaddy, Inc.**

Mailing Address 14455 N Hayden Road

Date of Disbursement

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

City  
ScottsdaleState  
AZZip Code  
85260-6993

FEC Identification Number

C

Purpose of Disbursement  
Marketing

004

Amount of Each Disbursement this Period

171.75

Transaction ID : B5EE432692E4747ABADB

☒ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 1

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

City  
Los AngelesState  
CAZip Code  
90096-8000

FEC Identification Number

C

Purpose of Disbursement  
Credit Card PaymentCategory/  
Type

Amount of Each Disbursement this Period

191.30

Transaction ID : BD1E6BCE40D844535B56

☐ Memo Item

Candidate Name

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

191.30

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

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

PAGE 8 OF 9

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

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)

Stivers For Congress

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

City  
Los AngelesState  
CAZip Code  
90096-8000

FEC Identification Number

C

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

144.13

Transaction ID : BE9602707B714446F855

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 1

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

City  
Los AngelesState  
CAZip Code  
90096-8000

FEC Identification Number

C

Purpose of Disbursement  
Service Fees

Candidate Name

001  
Category/  
Type

Amount of Each Disbursement this Period

3.75

Transaction ID : B570F56700D3140EB937

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. GoDaddy, Inc.**

Mailing Address 14455 N Hayden Road

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 3 |

City  
ScottsdaleState  
AZZip Code  
85260-6993

FEC Identification Number

C

Purpose of Disbursement  
Marketing

Candidate Name

004  
Category/  
Type

Amount of Each Disbursement this Period

140.38

Transaction ID : B5EF166BA3946460F88F

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

144.13

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

3095.40

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

PAGE 9 OF 9

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

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)

Stivers For Congress

Full Name (Last, First, Middle Initial)

**A. Ruth Edmonds For School Board**Mailing Address 1494 Lafayette Dr  
Apt BCity  
ColumbusState  
OHZip Code  
43220-6819Purpose of Disbursement  
Non Federal Contribution made with permissible funds

011

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : BA77377FFBA054E14840

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Building And Restoring The American Dream Fund**

Mailing Address PO Box 30844

City  
BethesdaState  
MDZip Code  
20824-0844Purpose of Disbursement  
Contribution

011

Candidate Name

Building And Restoring The American Dream Fund

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

C00590356

Amount of Each Disbursement this Period

5000.00

Transaction ID : BBD22EFD57D114918BFA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bold Active Conservatives Of Nebraska Pac-bacon PAC**Mailing Address 228 S Washington St  
Ste 115City  
AlexandriaState  
VAZip Code  
22314-5404

Purpose of Disbursement

011

Candidate Name

Bold Active Conservatives Of Nebraska Pac-bacon PAC

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

C00647420

Amount of Each Disbursement this Period

5000.00

Transaction ID : B1BF5A9196CEC41D9AE1

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

11000.00

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

11000.00