

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

NEHLS FOR CONGRESS

ADDRESS (number and street)

15500 VOSS RD

STE 518

Check if different than previously reported. (ACC)

SUGAR LAND

TX

77498

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00730150

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

TX

22

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.

PHILLIPS, ROBERT, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PHILLIPS, ROBERT, , ,

[Electronically Filed]

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NEHLS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6907.22	1033684.79
(b) Total Contribution Refunds (from Line 20(d))	0.00	2395.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6907.22	1031289.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12365.14	1076191.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	19.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12365.14	1076172.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	386478.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5726.73	

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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

NEHLS FOR CONGRESS

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

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).....	2500.00	528231.75
(ii) Unitemized	407.22	179899.29
(iii) TOTAL of contributions from individuals	2907.22	708131.04
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4000.00	325553.75
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6907.22	1033684.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	220536.27
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	19.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	137626.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	6907.22	1391866.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12365.14	1076191.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	5000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2395.00
(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 20(a), (b), and (c)).....	0.00	2395.00
21. OTHER DISBURSEMENTS	0.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12365.14	1087586.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	391936.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6907.22
25. SUBTOTAL (add Line 23 and Line 24).....	398843.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12365.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	386478.80

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

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

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BASS, BOB, , ,

Mailing Address 2514 ESPERANZA

City RICHMOND State TX Zip Code 77406

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

Name of Employer CONTRACTOR Occupation SELF

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2022

Transaction ID : SA11AI.22526

Amount of Each Receipt this Period
500.00

Memo Item
20221214

B. Full Name (Last, First, Middle Initial)
BONO JR, J A, , ,

Mailing Address 9823 HARLEM RD

City RICHMOND State TX Zip Code 77407

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2022

Transaction ID : SA11AI.22541

Amount of Each Receipt this Period
1000.00

Memo Item
20221208

C. Full Name (Last, First, Middle Initial)
BOZEMAN, KINSEY, , ,

Mailing Address 22607 CRESENT COVE CT

City KATY State TX Zip Code 77494

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2022

Transaction ID : SA11AI.22539

Amount of Each Receipt this Period
1000.00

Memo Item
20221208

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

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

2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 17	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1134.72

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2022

Transaction ID : SA11AI.22505

Amount of Each Receipt this Period
194.72

Memo Item
UNITEMIZED CONTRIBUTIONS RECEIVED THROUGH CONDUIT LIMIT NOT AFFECTED

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TARGA RESOURCES CORP. FEDERAL PAC

Mailing Address 811 LOUISIANA ST STE 2100

City HOUSTON	State TX	Zip Code 77002
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00510016

Name of Employer	Occupation
------------------	------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2022

Transaction ID : SA11C.22560

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VEN-PAC

Mailing Address PO BOX 83142

City GAITHERSBURG	State MD	Zip Code 20883
----------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2022

Transaction ID : SA11C.22563

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VETERANS GUARDIAN VA CLAIM CONSULTING PAC

Mailing Address 75 TROTTER HILLS CIR

City PINEHURST	State NC	Zip Code 28374
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2022

Transaction ID : SA11C.22558

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4000.00
TOTAL This Period (last page this line number only)..... ▶	4000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLIED SIGNS		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2022
Mailing Address 6820 HARWIN DR		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77036
Purpose of Disbursement PRINT EXPENSE		Amount of Each Disbursement this Period 2817.31
Candidate Name		Transaction ID : SB17.22502
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2022
Mailing Address 2111 7TH AVE		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98121
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 147.41
Candidate Name		Transaction ID : SB17.22476
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2022
Mailing Address 2111 7TH AVE		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98121
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 16.84
Candidate Name		Transaction ID : SB17.22477
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2981.56
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 Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 17	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 2111 7TH AVE			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98121	Amount of Each Disbursement this Period 109.99	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	Transaction ID : SB17.22478	
Candidate Name		Memo Item <input type="checkbox"/>		
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. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 300 FIRST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1144.63	
Purpose of Disbursement EVENT FOOD & BEVERAGE		Category/Type	Transaction ID : SB17.22488	
Candidate Name		Memo Item <input type="checkbox"/>		
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. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 300 FIRST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 350.22	
Purpose of Disbursement MEALS		Category/Type	Transaction ID : SB17.22495	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	1604.84
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 Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2022	
Mailing Address 300 FIRST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 73.00	
Purpose of Disbursement MEALS		Category/ Type	Transaction ID : SB17.22496	
Candidate Name		<input type="checkbox"/> 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. Capitol Visitors Center			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2022	
Mailing Address FIRST STREET NE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20515	Amount of Each Disbursement this Period 293.00	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type	Transaction ID : SB17.22498	
Candidate Name		<input type="checkbox"/> 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. Extra Space			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2022	
Mailing Address 10535 Mason Rd			FEC Identification Number C	
City Richmond	State TX	Zip Code 77406	Amount of Each Disbursement this Period 340.00	
Purpose of Disbursement STORAGE		Category/ Type	Transaction ID : SB17.22484	
Candidate Name		<input type="checkbox"/> 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).....▶	706.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Extra Space		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2022
Mailing Address 10535 Mason Rd		FEC Identification Number C
City Richmond	State TX	Zip Code 77406
Purpose of Disbursement STORAGE		Amount of Each Disbursement this Period 340.00
Candidate Name		Transaction ID : SB17.22485
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Fish Market		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2022
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement MEALS		Amount of Each Disbursement this Period 367.49
Candidate Name		Transaction ID : SB17.22491
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GODADDY.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022
Mailing Address 14455 N HAYDEN RD #219		FEC Identification Number C
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement COMPUTER SERVICES		Amount of Each Disbursement this Period 1259.88
Candidate Name		Transaction ID : SB17.22479
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	1967.37
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 Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOUSE GIFT SHOP			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2022	
Mailing Address FIRST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 641.20	
Purpose of Disbursement EVENT SUPPLIES		Category/Type	Transaction ID : SB17.22480	
Candidate Name		Memo Item <input type="checkbox"/>		
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. HSP DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022	
Mailing Address 20130 LAKEVIEW CENTER PLZ STE. 300			FEC Identification Number C	
City ASHBURN	State VA	Zip Code 20147	Amount of Each Disbursement this Period 1672.61	
Purpose of Disbursement DIRECT MAIL FUNDRAISING		Category/Type	Transaction ID : SB17.22590	
Candidate Name		Memo Item <input type="checkbox"/>		
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. JOSEPH'S CIGAR SHOP			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2022	
Mailing Address 202 MORTON ST			FEC Identification Number C	
City RICHMOND	State TX	Zip Code 77469	Amount of Each Disbursement this Period 584.01	
Purpose of Disbursement EVENT SUPPLIES		Category/Type	Transaction ID : SB17.22481	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	2897.82
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 Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kahlenberg, Michael, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement WAGES		Category/Type	Transaction ID : SB17.22501	
Candidate Name		<input type="checkbox"/> 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. Martins Tavern			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2022	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 265.38	
Purpose of Disbursement MEALS		Category/Type	Transaction ID : SB17.22483	
Candidate Name		<input type="checkbox"/> 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. TURO INC			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 351.54	
Purpose of Disbursement		Category/Type	Transaction ID : SB17.22489	
Candidate Name		<input type="checkbox"/> 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).....▶	1516.92
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 Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2022	
Mailing Address 233 S WACKER DR			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 318.60	
Purpose of Disbursement TRAVEL FLIGHT EXPENSE		Category/ Type	Transaction ID : SB17.22486	
Candidate Name		<input type="checkbox"/> 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. WINRED			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2022	
Mailing Address PO BOX 9891			FEC Identification Number C C00694323	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 30.68	
Purpose of Disbursement CREDIT CARD PROCESSING		Category/ Type	Transaction ID : SB17.22504	
Candidate Name		<input type="checkbox"/> 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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
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).....▶	349.28
TOTAL This Period (last page this line number only).....▶	12023.79

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5144**
NEHLS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item O'PRY, FREDDY, , ,			Election: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address 1622 DEERFIELD CT			
City RICHMOND	State TX	ZIP Code 77406	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2800.00	0.00	2800.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 18 / Y 2020	M M / D D / Y 12/31/2020	0.00 % (apr)	<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).....▶	2800.00
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 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5145**
NEHLS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) O'PRY, MARGARET, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address 1622 DEERFIELD CT			
City RICHMOND	State TX	ZIP Code 77406	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2800.00	0.00	2800.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 18 / Y 2020	M M / D D / Y 12/31/2020	0.00 % (apr)	<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).....▶	2800.00
TOTALS This Period (last page in this line only).....▶	5600.00

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 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
NEHLS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FUNDRAISING INC.			Nature of Debt (Purpose): FUNDRAISING EXPENSE
Mailing Address 411 FIRST ST SE			
City WASHINGTON	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period <input type="text" value="126.73"/>		Transaction ID : SD10.14414	
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="126.73"/>	

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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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 <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="126.73"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="126.73"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="5600.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="5726.73"/>