

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

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
GEM CITY RISE PAC			
ADDRESS (number and street)		PO BOX 17034	
▼		4323 W. 3RD STREET	
☐ Check if different than previously reported. (ACC)		DAYTON	OH 45417 -
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲ ZIP CODE ▲
C C00713743			
3. IS THIS REPORT		☐ NEW (N)	☒ AMENDED (A)
OR			
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:			
☐ April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	☐ Feb 20 (M2)	☐ May 20 (M5)
☐ July 15 Quarterly Report (Q2)		☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ October 15 Quarterly Report (Q3)		☐ Jun 20 (M6)	☒ Sep 20 (M9)
☐ January 31 Year-End Report (YE)		☐ Apr 20 (M4)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)		☐ Jul 20 (M7)	☐ Oct 20 (M10)
☐ Termination Report (TER)			☐ Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:			
☐ Primary (12P)	☐ General (12G)	☐ Runoff (12R)	
☐ Convention (12C)	☐ Special (12S)		
Election on		M M / D D / Y Y Y Y Y Y	in the State of
(d) 30-Day POST-Election Report for the:			
☐ General (30G)	☐ Runoff (30R)	☐ Special (30S)	
Election on		M M / D D / Y Y Y Y Y Y	in the State of
5. Covering Period			
M M / D D / Y Y Y Y Y Y		M M / D D / Y Y Y Y Y Y	
08 / 01 / 2021		08 / 31 / 2021	
through			

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

Hubay, Scott, M., Esq.

Type or Print Name of Treasurer

Signature of Treasurer

Hubay, Scott, M., Esq.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 01 / 2022

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Page 2

Write or Type Committee Name

GEM CITY RISE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
08		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
08		31		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GEM CITY RISE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	1

To:

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

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).....	0.00	1250.00
(ii) Unitemized	32.00	5386.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	32.00	6636.84
(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)	32.00	6636.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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).....	40.00	8391.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.21	2.99
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))	72.21	15031.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72.21	15031.17

DETAILED SUMMARY PAGE of Disbursements

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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	802.92	22706.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	802.92	22706.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	100.00
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)) ..	802.92	22806.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	802.92	22806.16

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)	32.00	6636.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32.00	6636.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	802.92	22706.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	40.00	8391.34
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	762.92	14314.82

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☒ 15	☐ 16	☐ 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

GEM CITY RISE PAC

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

A. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106FEC 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 ▼

80.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	16	/	2021

Transaction ID : SA15.4139

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B.

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

40.00

40.00

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

GEM CITY RISE PAC

Full Name (Last, First, Middle Initial)

A. Dropbox

Mailing Address 1800 Owens St

City
San FranciscoState
CAZip Code
94158Purpose of Disbursement
subscription

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

FEC Identification Number

C

Transaction ID : SB21B.4140

Amount of Each Disbursement this Period

48.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Emily's ListMailing Address 1800 M St NW
Ste 375NCity
WashingtonState
DCZip Code
20036Purpose of Disbursement
contribution processing fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2021

FEC Identification Number

C

Transaction ID : SB21B.4141

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Ampitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
GSuite Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2021

FEC Identification Number

C

Transaction ID : SB21B.4142

Amount of Each Disbursement this Period

64.50

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

137.88

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

GEM CITY RISE PAC

Full Name (Last, First, Middle Initial)

A. Hubay LLC

Mailing Address PO Box 6623

City
ClevelandState
OHZip Code
44101Purpose of Disbursement
Legal & compliance

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106Purpose of Disbursement
bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

0.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106Purpose of Disbursement
bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

40.00

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

540.72

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)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

GEM CITY RISE PAC

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

5.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
ClevelandState
OHZip Code
44106Purpose of Disbursement
bank fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	1		

FEC Identification Number

C

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

5.00

☐ Memo Item

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

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

20.20

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)

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☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

GEM CITY RISE PAC

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 11457 Mayfield Rd

City
Cleveland

State
OH

Zip Code
44106

Purpose of Disbursement

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 16 / 2021

FEC Identification Number

C

Transaction ID : SB21B.4150

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

3.00

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

701.80