

**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

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

3. IS THIS  
REPORTNEW  
(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

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2020

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2020

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

KOCH, TIMOTHY, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

KOCH, TIMOTHY, A., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2020

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">167420.05</td></tr></table>	167420.05				
Y	Y	Y	Y	Y													
2020																	
167420.05																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">149169.24</td></tr></table>	149169.24															
149169.24																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">41870.00</td></tr></table>	41870.00					<table><tr><td colspan="5">80370.00</td></tr></table>	80370.00									
41870.00																	
80370.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">191039.24</td></tr></table>	191039.24					<table><tr><td colspan="5">247790.05</td></tr></table>	247790.05									
191039.24																	
247790.05																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">24663.27</td></tr></table>	24663.27					<table><tr><td colspan="5">81414.08</td></tr></table>	81414.08									
24663.27																	
81414.08																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">166375.97</td></tr></table>	166375.97					<table><tr><td colspan="5">166375.97</td></tr></table>	166375.97									
166375.97																	
166375.97																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

**WITH HONOR PAC**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	0

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41750.00	75000.00
(ii) Unitemized .....	120.00	370.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	41870.00	75370.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41870.00	80370.00
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).....	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)) .....	41870.00	80370.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41870.00	80370.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	2532.27	10783.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2532.27	10783.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22131.00	70631.00
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)) ..	24663.27	81414.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24663.27	81414.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41870.00	80370.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41870.00	80370.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	2532.27	10783.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	2532.27	10783.08

# **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 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

WITH HONOR PAC

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

A. Bos, Peter, , ,

Mailing Address 656 5th Avenue N

City  
NaplesState  
FLZip Code  
34102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2020

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
Contribution

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

B. Dixon, Andrew, , ,

Mailing Address 712 Wisconsin St

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reveal Technology, Inc.

Occupation (for Individual)

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

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

C. Dixon, Peter, , ,

Mailing Address 242 Corte Madera Rd

City

Portola Valley

State

CA

Zip Code

94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Second Front Systems, Inc.

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2020

Transaction ID : SA11AI.6645

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

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

12500.00

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 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

WITH HONOR PAC

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

A. Evans, Donald, , ,

Mailing Address PO Box 50990

City  
Midland

State  
TX

Zip Code  
79710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Don Evan Group LTD

Occupation (for Individual)  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

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

B. Finke, Heather, , ,

Mailing Address 4920 Hardison Rd

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2020

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

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

C. Finke, Thomas, M., ,

Mailing Address 4920 Hardison Road

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barings LLC

Occupation (for Individual)  
Chairman and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2020

Transaction ID : SA11AI.6639

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

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

15000.00

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 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)  
**WITH HONOR PAC**

<b>A. Martin, Keith, D., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3 E Kirke St City Chevy Chase State MD Zip Code 20815 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Norton Rose Fulbright US LLP Occupation (for Individual) Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2020 <b>Transaction ID : SA11AI.6648</b> Amount of Each Receipt this Period 4000.00 <input type="checkbox"/> Memo Item Contribution
<b>B. McCormick, David, H., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 1073 City Southport State CT Zip Code 06890 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Bridgewater Associates Occupation (for Individual) Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2020 <b>Transaction ID : SA11AI.6644</b> Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
<b>C. Rogers, William, L., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 100 Crescent Ct Suite 450 City Dallas State TX Zip Code 75201 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2020 <b>Transaction ID : SA11AI.6613</b> Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			14000.00
<b>TOTAL</b> 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 9 OF 16  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)  
**WITH HONOR PAC**

<p><b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>Sanchez, Norberto, , ,</b></p> <p>Mailing Address 1830 Sugarloaf Club Dr</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Duluth</td> <td style="width: 15%;">State GA</td> <td style="width: 52%;">Zip Code 30097</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) NORSAN</td> <td style="width: 67%;">Occupation (for Individual) CEO</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span> </p>			City Duluth	State GA	Zip Code 30097	Name of Employer (for Individual) NORSAN	Occupation (for Individual) CEO	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2020</span> </p> <p><b>Transaction ID : SA11AI.6642</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span> </p> <p><input type="checkbox"/> Memo Item Contribution</p>		
City Duluth	State GA	Zip Code 30097								
Name of Employer (for Individual) NORSAN	Occupation (for Individual) CEO									
<p><b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span> </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span> </p> <p><input type="checkbox"/> Memo Item</p>		
City	State	Zip Code								
Name of Employer (for Individual)	Occupation (for Individual)									
<p><b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 15%;">State</td> <td style="width: 52%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual)</td> <td style="width: 67%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span> </p>			City	State	Zip Code	Name of Employer (for Individual)	Occupation (for Individual)	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> / <span style="border: 1px solid black; padding: 2px;"></span> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span> </p> <p><input type="checkbox"/> Memo Item</p>		
City	State	Zip Code								
Name of Employer (for Individual)	Occupation (for Individual)									
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">250.00</span>							
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">41750.00</span>							

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

PAGE 10 OF 16

<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

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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		08		2020

FEC Identification Number

**C****Transaction ID : SB21B.6609**

Amount of Each Disbursement this Period

4.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		09		2020

FEC Identification Number

**C****Transaction ID : SB21B.6608**

Amount of Each Disbursement this Period

1.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		10		2020

FEC Identification Number

**C****Transaction ID : SB21B.6607**

Amount of Each Disbursement this Period

385.60

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

390.82

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

PAGE 11 OF 16

<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

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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		17		2020

FEC Identification Number

**C****Transaction ID : SB21B.6615**

Amount of Each Disbursement this Period

9.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		18		2020

FEC Identification Number

**C****Transaction ID : SB21B.6616**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
06		22		2020

FEC Identification Number

**C****Transaction ID : SB21B.6623**

Amount of Each Disbursement this Period

192.80

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

395.53

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

PAGE 12 OF 16

<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

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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
0	6			2	4			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.6622**

Amount of Each Disbursement this Period

96.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 1340 Poydras St, Suite 1770

City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Credit Card Processing

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
0	6			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.6634**

Amount of Each Disbursement this Period

154.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Koch & Hoos, LLC**Mailing Address 901 N Washington St  
Ste 700City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Accounting/Compliance Services

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
0	6			2	9			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.6627**

Amount of Each Disbursement this Period

1101.96

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

1352.81

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

PAGE 13 OF 16

<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

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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. Lilly & Company**Mailing Address 1005 Congress Avenue  
Suite 400City  
AustinState  
TXZip Code  
78701Purpose of Disbursement  
Fundraising Consulting

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.6617**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mailchimp**Mailing Address 675 Ponce De Leon Ave NE  
Suite 5000City  
AtlantaState  
GAZip Code  
30308Purpose of Disbursement  
Email Services

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.6606**

Amount of Each Disbursement this Period

84.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement 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).....▶

334.99

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

2474.15

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

PAGE 14 OF 16

<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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. CHRISSY HOULAHAN FOR CONGRESS**

Mailing Address PO BOX 222

City  
DEVONState  
PAZip Code  
19333Purpose of Disbursement  
Contribution

Candidate Name

**HOULAHAN, CHRISSY, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

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

FEC Identification Number

**C** C00637371**Transaction ID : SB23.6611**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONOR LAMB FOR CONGRESS**

Mailing Address PO BOX 10381

City  
PITTSBURGHState  
PAZip Code  
15234Purpose of Disbursement  
Contribution

Candidate Name

**LAMB, CONOR, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 17

Date of Disbursement

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

FEC Identification Number

**C** C00657411**Transaction ID : SB23.6612**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECT JIM BAIRD FOR CONGRESS**

Mailing Address P.O. BOX 203

City  
GREENCASTLEState  
INZip Code  
46135Purpose of Disbursement  
Contribution

Candidate Name

**BAIRD, JAMES, R., , PHD**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 04

Date of Disbursement

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

FEC Identification Number

**C** C00662940**Transaction ID : SB23.6610**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

PAGE 15 OF 16

<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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. JACKIE GORDON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2020

Mailing Address PO BOX 456

City  
COPIAGUEState  
NYZip Code  
11726Purpose of Disbursement  
Contribution

Candidate Name

**GORDON, JACQUELINE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 02

Category/  
Type

FEC Identification Number

**C** C00706549**Transaction ID : SB23.6618**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAKE AUCHINCLOSS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2020

Mailing Address P.O. BOX 600698

City  
NEWTONVILLEState  
MAZip Code  
02460Purpose of Disbursement  
Contribution

Candidate Name

**AUCHINCLOSS, JAKE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 04

Category/  
Type

FEC Identification Number

**C** C00721449**Transaction ID : SB23.6619**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KAHELE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2020

Mailing Address P.O. BOX 4952

City  
HILOState  
HIZip Code  
96720Purpose of Disbursement  
Contribution

Candidate Name

**KAHELE, KAIALI'I, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District: 02

Category/  
Type

FEC Identification Number

**C** C00694604**Transaction ID : SB23.6624**

Amount of Each Disbursement this Period

2131.00

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

7131.00

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

PAGE 16 OF 16

<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)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. MAX ROSE FOR CONGRESS**

Mailing Address PO BOX 100496

City  
STATEN ISLANDState  
NYZip Code  
10310Purpose of Disbursement  
Contribution

Candidate Name

**ROSE, MAX, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2020

FEC Identification Number

**C** C00652248**Transaction ID : SB23.6653**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PETER MEIJER FOR CONGRESS**

Mailing Address P.O. BOX 68554

City  
GRAND RAPIDSState  
MIZip Code  
49516Purpose of Disbursement  
Contribution

Candidate Name

**MEIJER, PETER, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2020

FEC Identification Number

**C** C00710962**Transaction ID : SB23.6625**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

5000.00

22131.00