

**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

Liftoff PAC

ADDRESS (number and street)

PO Box 33400

Check if different  
than previously  
reported. (ACC)

Phoenix

AZ

85067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00785816

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 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 Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y 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

Montoya, Dacey, , ,

Signature of Treasurer

Montoya, Dacey, , ,

Date

M M M /

D D D /

Y Y Y 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 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Liftoff PACReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 04  |   | 01  |   | 2025      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 06  |   | 30  |   | 2025      |

|                                                                                                                  | COLUMN A<br>This Period                    | COLUMN B<br>Calendar Year-to-Date          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>                                 |                                            | <div><div></div><div>98526.98</div></div>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div><div></div><div>208554.15</div></div> |                                            |
| (c) Total Receipts (from Line 19) .....                                                                          | <div><div></div><div>139713.52</div></div> | <div><div></div><div>357208.21</div></div> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | <div><div></div><div>348267.67</div></div> | <div><div></div><div>455735.19</div></div> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <div><div></div><div>192261.81</div></div> | <div><div></div><div>299729.33</div></div> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <div><div></div><div>156005.86</div></div> | <div><div></div><div>156005.86</div></div> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div><div></div><div>0.00</div></div>      |                                            |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div><div></div><div>0.00</div></div>      |                                            |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)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 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Liftoff PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 01 2025

To:

M M / D D / Y Y Y Y  
06 30 2025**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).....

81730.00

229580.00

(ii) Unitemized .....

3972.50

36899.63

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

85702.50

266479.63

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

36000.00

71500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

121702.50

337979.63

## 12. Transfers From Affiliated/Other

Party Committees.....

18011.02

19228.58

## 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)) .....

139713.52

357208.21

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

139713.52

357208.21

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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 .....                                                 | 131317.83                     | 194974.35                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 131317.83                     | 194974.35                         |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 60750.00                      | 104000.00                         |
| 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 .....                                  | 193.98                        | 754.98                            |
| (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)).....                            | 193.98                        | 754.98                            |
| 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)) ..      | 192261.81                     | 299729.33                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 192261.81                     | 299729.33                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 121702.50                     | 337979.63                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 193.98                        | 754.98                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 121508.52                     | 337224.65                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 131317.83                     | 194974.35                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 131317.83                     | 194974.35                         |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 75  
(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)

Liftoff PAC

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

**A.** Dante, Lee, , ,

Mailing Address 321 Berkley Rd

City  
Merion StationState  
PAZip Code  
19066-1403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2025

Transaction ID : 22412810

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2025

Transaction ID : 22412810E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Arnold, John, L., ,

Mailing Address PO Box 446

City  
RidgecrestState  
CAZip Code  
93556-0446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DCSOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 22538420

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 22538420E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Adams, George, , ,**

Mailing Address 3121 E Vina Del Mar Blvd

City  
St Pete BeachState  
FLZip Code  
33706-2730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EsiOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2025

Transaction ID : 22501250

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2025

Transaction ID : 22501250E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

50.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

A. Arnold, John, L., ,

Mailing Address PO Box 446

City  
RidgecrestState  
CAZip Code  
93556-0446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DCSOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : 22673050

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673050E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Cheney, Bradford, , ,

Mailing Address 8013 Chippenham Ct

City  
Fairfax StationState  
VAZip Code  
22039-3142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Majority GroupOccupation (for Individual)  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : 22720770

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

1600.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Sosnoff, Hadley, , ,**

Mailing Address 1989 Collard Rd

City  
SkaneatelesState  
NYZip Code  
13152-8902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emergent StrategiesOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : 22745290

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Dante, Lee, , ,**

Mailing Address 321 Berkley Rd

City  
Merion StationState  
PAZip Code  
19066-1403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 22538421

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 22538421E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2600.00

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

PAGE 10 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A.** Little, William, , , Jr

Mailing Address 1107 5Th Ave

City  
New YorkState  
NYZip Code  
10128-0145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2025

Transaction ID : 22760021

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2025

Transaction ID : 22760021E

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Dante, Lee, , ,

Mailing Address 321 Berkley Rd

City  
Merion StationState  
PAZip Code  
19066-1403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2025

Transaction ID : 22673051

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

5100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673051E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Fiala, Nathan, , ,**

Mailing Address 4089 S Four Mile Run Dr

City  
ArlingtonState  
VAZip Code  
22204-5632FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Porter GroupOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2025

Transaction ID : 22708871

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**C. Holst, Leslie, , ,**

Mailing Address 3888 Shady Brook Ln

City  
SarasotaState  
FLZip Code  
34243-4842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2025

Transaction ID : 22538422

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

1550.00

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 PageFOR LINE NUMBER: PAGE 12 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 22538422E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. ROBBINS, RICHARD, K, ,**Mailing Address 1120 Nye St  
Ste 400City  
San RafaelState  
CAZip Code  
94901-2946FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : 22741332

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. Shirley, Jon, A, ,**

Mailing Address PO Box 685

City  
MedinaState  
WAZip Code  
98039-0685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2025

Transaction ID : 22444142

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

10000.00

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 PageFOR LINE NUMBER: PAGE 13 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A.** Holst, Leslie, , ,

Mailing Address 3888 Shady Brook Ln

City  
SarasotaState  
FLZip Code  
34243-4842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2025

Transaction ID : 22673052

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673052E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Kountoupes, Lisa, , ,

Mailing Address 2016 Rhode Island Ave

City  
McleanState  
VAZip Code  
22101-4921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KDCR PartnersOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2025

Transaction ID : 22743872

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

2550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Horing, Jeffrey, , ,**Mailing Address 61 5Th Ave  
Apt 3City  
New YorkState  
NYZip Code  
10003-4581FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insight PartnersOccupation (for Individual)  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 22626284

Amount of Each Receipt this Period

2500.00

☒ Memo Item

\* 1265 Flying Point Road LLC Memo Item - The Liftoff Fund

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

**B. Horing, Patricia, L., ,**Mailing Address 61 5Th Ave  
Apt 3City  
New YorkState  
NYZip Code  
10003-4581FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Patty HoringOccupation (for Individual)  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 22626285

Amount of Each Receipt this Period

2500.00

☒ Memo Item

\* 1265 Flying Point Road LLC Memo Item - The Liftoff Fund

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

**C. Holmes, Robert, , ,**

Mailing Address 115 Elm St SW

City  
ViennaState  
VAZip Code  
22180-6315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nexus Consulting, LLCOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 07 / 2025

Transaction ID : 22663313

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Finley, Patrick, , ,**

Mailing Address 2801 Silver Creek Rd

City  
KnoxvilleState  
TNZip Code  
37924-1242FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2025

Transaction ID : 22538423

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025

Transaction ID : 22538423E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Shirley, Kim, R, ,**

Mailing Address PO Box 685

City  
MedinaState  
WAZip Code  
98039-0685FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2025

Transaction ID : 22444143

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

5050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. McLaughlin, Brian, , ,**

Mailing Address 12034 Devilwood Dr

City  
PotomacState  
MDZip Code  
20854-3415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Imperium Global AdvisorsOccupation (for Individual)  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : 22740793

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Magovern, Susan, , ,**Mailing Address 100 Vista Cir  
Apt 504City  
PittsburghState  
PAZip Code  
15238-6103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2025

Transaction ID : 22760014

Amount of Each Receipt this Period

30.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2025

Transaction ID : 22760014E

Amount of Each Receipt this Period

30.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2530.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Gallogly, Mark, , ,**Mailing Address 300 Central Park W  
Apt 25DCity  
New YorkState  
NYZip Code  
10024-1595FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Expert Senior AdvisorOccupation (for Individual)  
State Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2025

Transaction ID : 22708754

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Webster, Todd, , ,**

Mailing Address 601 S Saint Asaph St

City  
AlexandriaState  
VAZip Code  
22314-4118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CGaOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2025

Transaction ID : 22720964

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Salt River Pima Maricopa Indian Community**

Mailing Address 10005 E Osborn Rd

City  
ScottsdaleState  
AZZip Code  
85256-4019FEC 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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : 22744664

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A.** Layton, Charles, , ,

Mailing Address 602 N Las Palmas Ave

City  
Los AngelesState  
CAZip Code  
90004-1020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blumhouse ProductionsOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 22512705

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B.** Mulligan, Anthony, , ,

Mailing Address 2240 N Via De Suenos

City  
TucsonState  
AZZip Code  
85745-9029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HydronalixOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : 22740765

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C.** Finley, Shannon, , ,

Mailing Address 2640 44Th St NW

City  
WashingtonState  
DCZip Code  
20007-1107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capitol Counsel, LLCOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2025

Transaction ID : 22412806

Amount of Each Receipt this Period

1000.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

7000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2025

Transaction ID : 22412806E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Dinkler, Carling, , ,**

Mailing Address 2437 Fern St

City  
New OrleansState  
LAZip Code  
70125-4020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CarvanaOccupation (for Individual)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2025

Transaction ID : 22537006

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Date, Raj, , ,**

Mailing Address 6403 Connecticut Ave

City  
Chevy ChaseState  
MDZip Code  
20815-4232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fenway Summer LLCOccupation (for Individual)  
Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2025

Transaction ID : 22729216

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3500.00

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 PageFOR LINE NUMBER: PAGE 20 OF 75  
(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)

Liftoff PAC

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

**A. Pavel, Mary, , ,**

Mailing Address 1620 Angelwing Dr

City  
Silver SpringState  
MDZip Code  
20904-1500FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sonosky, Chambers, Et AlOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2025

Transaction ID : 22739726

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Morongo Band Of Mission Indians**

Mailing Address 12700 Pumarra Rd

City  
BanningState  
CAZip Code  
92220-6977FEC 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 ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2025

Transaction ID : 22744666

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Collinson, John, , ,**

Mailing Address 4410 River Bottom Dr

City  
NorcrossState  
GAZip Code  
30092-1363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2025

Transaction ID : 22400386

Amount of Each Receipt this Period

5000.00

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

8500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Emerson, Langston, , ,**

Mailing Address 1411 5Th St NW

City  
WashingtonState  
DCZip Code  
20001-2401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MindsetOccupation (for Individual)  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : 22760117

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Adams, George, , ,**

Mailing Address 3121 E Vina Del Mar Blvd

City  
St Pete BeachState  
FLZip Code  
33706-2730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EsiOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2025

Transaction ID : 22760017

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2025

Transaction ID : 22760017E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A.** Munoz, Leopoldo, , ,

Mailing Address 3205 Pickwick Ln

City  
Chevy ChaseState  
MDZip Code  
20815-4041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ComcastOccupation (for Individual)  
Gov. Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2025

Transaction ID : 22673047

Amount of Each Receipt this Period

1000.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673047E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Falencki, Maureen, Healy, ,

Mailing Address 25 5Th Ave

City  
New YorkState  
NYZip Code  
10003-4307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2025

Transaction ID : 22523187

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2025

Transaction ID : 22523187E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Adams, George, , ,**

Mailing Address 3121 E Vina Del Mar Blvd

City  
St Pete BeachState  
FLZip Code  
33706-2730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Esi

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2025

Transaction ID : 22615318

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2025

Transaction ID : 22615318E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

50.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Greer, Brian, , ,**

Mailing Address 2404 32Nd St SE

City  
WashingtonState  
DCZip Code  
20020-1402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Empire Consulting GroupOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 22512748

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

**B. M Heckel, Catherine, , ,**

Mailing Address 2965 Juilliard St

City  
BoulderState  
COZip Code  
80305-7035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2025

Transaction ID : 22673048

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673048E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

1600.00



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

PAGE 25 OF 75

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. Ma, Ana, , ,**

Mailing Address 1338 Hemlock St NW

City  
WashingtonState  
DCZip Code  
20012-1551FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Nexus ConsultingOccupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2025**Transaction ID : 22707858**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Ramirez, Oscar, , ,**

Mailing Address 306 3Rd St SE

City  
WashingtonState  
DCZip Code  
20003-1905FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Fulcrum Public AffairsOccupation (for Individual)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2025**Transaction ID : 22710258**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Silverman, Stephanie, , ,**

Mailing Address 9224 Woodland Dr

City  
Silver SpringState  
MDZip Code  
20910-1518FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Venn StrategiesOccupation (for Individual)  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2025**Transaction ID : 22710658**

Amount of Each Receipt this Period

1500.00

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

5000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A.** Arnold, John, L., ,

Mailing Address PO Box 446

City  
RidgecrestState  
CAZip Code  
93556-0446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DCSOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2025

Transaction ID : 22412809

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2025

Transaction ID : 22412809E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Smith, Pamela, , ,

Mailing Address 2014 Tunlaw Rd NW

City  
WashingtonState  
DCZip Code  
20007-2219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tarplin, Downs And YoungOccupation (for Individual)  
Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2025

Transaction ID : 22386419

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

2600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Forbes, Jeffrey, , ,**

Mailing Address 23 Grafton St

City  
Chevy ChaseState  
MDZip Code  
20815-3427FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forbes Tate PartnersOccupation (for Individual)  
Lobbyist

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 / 18 / 2025

Transaction ID : 22710919

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Healy Falencki, Maureen, , ,**

Mailing Address 25 5Th Ave

City  
New YorkState  
NYZip Code  
10003-4307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2025

Transaction ID : 22673049

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2025

Transaction ID : 22673049E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 75  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. Beckman, Joel, , ,**Mailing Address 3625 Earnscliff Pl  
Apt 17City  
San DiegoState  
CAZip Code  
92111-4159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (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  
05 / 20 / 2025

Transaction ID : 22621069

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Chapman, Stuart, , ,**Mailing Address 3909 Albemarle St NW  
DC20016City  
WashingtonState  
DCZip Code  
20016-1839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Thorn Run PartnersOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : 22760089

Amount of Each Receipt this Period

1000.00

☐ 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 / D D / 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)..... ►

6000.00

81730.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 75  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. National Confectioners Association**Mailing Address 1101 30Th St NW  
Ste 200City  
WashingtonState  
DCZip Code  
20007-3769FEC ID number of contributing  
federal political committee.**C** C00003855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2025**Transaction ID : 22744660**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Office Of The Commission Of Major League Baseball Political Action Committee**Mailing Address 1201 15Th St NW  
Ste 320City  
WashingtonState  
DCZip Code  
20005-2899FEC ID number of contributing  
federal political committee.**C** C00368142

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2025**Transaction ID : 22744670**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. American Hospital Association PAC**Mailing Address 800 10Th St NW  
Ste 400City  
WashingtonState  
DCZip Code  
20001-5189FEC ID number of contributing  
federal political committee.**C** C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2025**Transaction ID : 22744661**

Amount of Each Receipt this Period

2500.00

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

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 75

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. National Rural Letter Carriers Association Political Action Committee**Mailing Address 1630 Duke St  
Fl 2City  
AlexandriaState  
VAZip Code  
22314-3467FEC ID number of contributing  
federal political committee.**C**

C00072025

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2025**Transaction ID : 22744662**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. SMART TD PAC**Mailing Address 6060 Rockside Woods Blvd N  
Ste 325

City

Independence

State  
OHZip Code  
44131-2378FEC ID number of contributing  
federal political committee.**C**

C00001636

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025**Transaction ID : 22584473**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Council Of Insurance Agents And Brokers**Mailing Address 701 Pennsylvania Ave NW  
Ste 750

City

Washington

State  
DCZip Code  
20004-2661FEC ID number of contributing  
federal political committee.**C**

C00039578

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2025**Transaction ID : 22736735**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 75

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. 314 Action Fund**

Mailing Address PO Box 14560

City  
WashingtonState  
DCZip Code  
20044-4560FEC ID number of contributing  
federal political committee.**C**

C00633248

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2025**Transaction ID : 22444086**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Defend The Vote PAC**Mailing Address 600 Pennsylvania Ave SE  
Unit 15180City  
WashingtonState  
DCZip Code  
20003-7508FEC ID number of contributing  
federal political committee.**C**

C00764233

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2025**Transaction ID : 22708767**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. International Franchise Association Franchising PAC**Mailing Address 1900 K St NW  
Ste 700City  
WashingtonState  
DCZip Code  
20006-1135FEC ID number of contributing  
federal political committee.**C**

C00084491

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2025**Transaction ID : 22744667**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

8500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

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

**A. The Real Estate Roundtable Political Action Committee (REALPAC)**Mailing Address 801 Pennsylvania Ave NW  
Ste 720City  
WashingtonState  
DCZip Code  
20004-2686FEC ID number of contributing  
federal political committee.

C

C00033779

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2025

Transaction ID : 22441808

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. The Real Estate Roundtable Political Action Committee (REALPAC)**Mailing Address 801 Pennsylvania Ave NW  
Ste 720City  
WashingtonState  
DCZip Code  
20004-2686FEC ID number of contributing  
federal political committee.

C

C00033779

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2025

Transaction ID : 22441809

Amount of Each Receipt this Period

2500.00

☐ 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 / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

5000.00

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

36000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 75  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. The Liftoff Fund**Mailing Address 600 Pennsylvania Ave SE  
Unit 15180City  
WashingtonState  
DCZip Code  
20003-7508FEC ID number of contributing  
federal political committee.**C**

C00843250

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : 22760710**

Amount of Each Receipt this Period

9300.00

☐ Memo Item

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

**B. Wilhelm, Robert, E, ,**Mailing Address 3401 Lee Pkwy  
Apt 2204City  
DallasState  
TXZip Code  
75219-5229FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : 22760705**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

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

**C. Fenner, Charles, , ,**

Mailing Address PO Box 759

City  
EdnaState  
TXZip Code  
77957-0759FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Macquarie BankOccupation (for Individual)  
Senior VP, Power Fundamentals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2025**Transaction ID : 22760706**

Amount of Each Receipt this Period

1250.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

9300.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 75

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. Wedel, Eric, , ,**

Mailing Address 535 Chalette Dr

City  
Beverly HillsState  
CAZip Code  
90210-1915FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Law FirmOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2025**Transaction ID : 22760709**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

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

**B. 2024 Copper State Victory**Mailing Address 3104 E Camelback Rd  
# 924City  
PhoenixState  
AZZip Code  
85016-4502FEC ID number of contributing  
federal political committee.**C** C00880740

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.02

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2025**Transaction ID : 22567021**

Amount of Each Receipt this Period

911.02

☐ Memo Item

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

**C. Sigal, Andrew, , ,**

Mailing Address 6114 La Salle Ave

City  
OaklandState  
CAZip Code  
94611-2802FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2025**Transaction ID : 22567022**

Amount of Each Receipt this Period

1250.00

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

911.02

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

PAGE 35 OF 75

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. The Liftoff Fund**Mailing Address 600 Pennsylvania Ave SE  
Unit 15180City  
WashingtonState  
DCZip Code  
20003-7508FEC ID number of contributing  
federal political committee.**C** C00843250

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 22626282**

Amount of Each Receipt this Period

7800.00

☐ Memo Item

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

**B. Friedman, Mark, , ,**

Mailing Address 14 Saint George Pl

City  
WestportState  
CTZip Code  
06880-1251FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mark Friedman

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025**Transaction ID : 22626280**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

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

**C. 1265 Flying Point Road LLC**

Mailing Address 1114 Avenue Of The Americas

City  
New YorkState  
NYZip Code  
10036-7703FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2025**Transaction ID : 22626281**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

\*LLC - Members below if itemized. Permissible funds.

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

7800.00

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

PAGE 36 OF 75

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

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NAME OF COMMITTEE (In Full)

**Liftoff PAC**

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

**A. Schecter, Laurie, , ,**

Mailing Address 4500 N Surf Rd

City  
HollywoodState  
FLZip Code  
33019-4103FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 22626277**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

\* The Liftoff Fund

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

**B. Lese, William, , , Sr**

Mailing Address 875 5Th Ave

City  
New YorkState  
NYZip Code  
10065-4952FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Braemar Energy VenturesOccupation (for Individual)  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 22626278**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

\* The Liftoff Fund

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

**C. Rosenberg, Marci, , ,**

Mailing Address 4533 Magnolia St

City  
BellaireState  
TXZip Code  
77401-4230FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Small Business Owner/ Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 22626279**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

\* The Liftoff Fund

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

0.00

18011.02

**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 37 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. SKDKnickerbocker LLC**Mailing Address 1150 18Th St NW  
Ste 800City  
WashingtonState  
DCZip Code  
20036-3845

Purpose of Disbursement

Media Production

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594600

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500589000

Amount of Each Disbursement this Period

14.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Bank Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594110

Amount of Each Disbursement this Period

248.00

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

3262.24

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

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

PAGE 38 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 5 |   |   |   |

FEC Identification Number

C

Transaction ID : 500594120

Amount of Each Disbursement this Period

439.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paragon**Mailing Address 1101 Connecticut Ave NW  
Ste 450City  
WashingtonState  
DCZip Code  
20036-4359

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 2 |   |   | 2 | 0 | 5 |   |   |   |

FEC Identification Number

C

Transaction ID : 500594130

Amount of Each Disbursement this Period

4736.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 5 |   |   |   |

FEC Identification Number

C

Transaction ID : 500594570

Amount of Each Disbursement this Period

0.24

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

5176.17

**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 39 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594580

Amount of Each Disbursement this Period

130.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500589001

Amount of Each Disbursement this Period

0.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SKDKnickerbocker LLC**Mailing Address 1150 18Th St NW  
Ste 800City  
WashingtonState  
DCZip Code  
20036-3845

Purpose of Disbursement

Media Training

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594601

Amount of Each Disbursement this Period

31500.00

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

31630.92

**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 40 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500593101

Amount of Each Disbursement this Period

5.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Bank Fee

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 500594111

Amount of Each Disbursement this Period

111.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594121

Amount of Each Disbursement this Period

73.87

☐ Memo Item

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

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

190.46



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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Paragon**Mailing Address 1101 Connecticut Ave NW  
Ste 450City  
WashingtonState  
DCZip Code  
20036-4359

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594131

Amount of Each Disbursement this Period

903.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Shipping

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594581

Amount of Each Disbursement this Period

45.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SKDKnickerbocker LLC**Mailing Address 1150 18Th St NW  
Ste 800City  
WashingtonState  
DCZip Code  
20036-3845

Purpose of Disbursement

Reimbursement - Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594602

Amount of Each Disbursement this Period

455.95

☐ Memo Item

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

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

1404.82

**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 42 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C**

Transaction ID : 500589002

Amount of Each Disbursement this Period

19.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502

Purpose of Disbursement

Fundraising Consulting

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C**

Transaction ID : 500594112

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C**

Transaction ID : 500594122

Amount of Each Disbursement this Period

500.00

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

3769.62

**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 43 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Ross Strategies**Mailing Address 2515 W Superior St  
Apt 3City  
ChicagoState  
ILZip Code  
60612-1139

Purpose of Disbursement

Fundraising Consulting

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594132

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500590252

Amount of Each Disbursement this Period

5.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Shipping

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594582

Amount of Each Disbursement this Period

73.00

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

3828.49

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

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

PAGE 44 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : 500585103

Amount of Each Disbursement this Period

82.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502

Purpose of Disbursement

Fundraising Consulting

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : 500594113

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Travel

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

**C**

Transaction ID : 500594123

Amount of Each Disbursement this Period

22.25

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

3355.20

**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 45 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Ross Strategies**Mailing Address 2515 W Superior St  
Apt 3City  
ChicagoState  
ILZip Code  
60612-1139

Purpose of Disbursement

Fundraising Consulting

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594133

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500587573

Amount of Each Disbursement this Period

5.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paragon**Mailing Address 1101 Connecticut Ave NW  
Ste 450City  
WashingtonState  
DCZip Code  
20036-4359

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594583

Amount of Each Disbursement this Period

295.34

☐ Memo Item

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

4051.03

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

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

PAGE 46 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Cox, Jennifer, , ,**

Mailing Address PO Box 33400

City  
PhoenixState  
AZZip Code  
85067-3400Purpose of Disbursement  
Political Strategy Consulting  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C  
Transaction ID : 500594604

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502Purpose of Disbursement  
Fundraising Consulting  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C  
Transaction ID : 500594114

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531Purpose of Disbursement  
Reimbursement - Travel  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C  
Transaction ID : 500594124

Amount of Each Disbursement this Period

15.44

☐ Memo Item

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

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

7265.44

**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 47 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Ross Strategies**Mailing Address 2515 W Superior St  
Apt 3City  
ChicagoState  
ILZip Code  
60612-1139

Purpose of Disbursement

Fundraising Consulting

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594584

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594115

Amount of Each Disbursement this Period

306.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Shipping

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594125

Amount of Each Disbursement this Period

45.75

☐ Memo Item

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

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

4102.30

**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 48 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 2 | 5 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500590875

Amount of Each Disbursement this Period

15.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Money Wheel, LLC**

Mailing Address PO Box 97241

City  
PhoenixState  
AZZip Code  
85060-7241

Purpose of Disbursement

Compliance Consulting

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 0 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594585

Amount of Each Disbursement this Period

2955.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 3 |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500587206

Amount of Each Disbursement this Period

5.32

☐ Memo Item

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

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

2976.33



**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 49 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 650448

City  
DallasState  
TXZip Code  
75265-0448

Purpose of Disbursement

Credit Card Payment - Vendors that aggregate above \$200 listed below

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592906

Amount of Each Disbursement this Period

8077.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City  
WashingtonState  
DCZip Code  
20002-4285

Purpose of Disbursement

Travel

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592930

Amount of Each Disbursement this Period

989.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S Wacker Dr

City  
ChicagoState  
ILZip Code  
60606-7147

Purpose of Disbursement

Travel

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592940

Amount of Each Disbursement this Period

342.49

☒ Memo Item

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

8077.21

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

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

PAGE 50 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Fairmont Hotels**Mailing Address 155 Wellington Street West  
Suite 3300City  
Toronto Ontario M5V 0C3 CanadaState  
ZZZip Code  
00000

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592932

Amount of Each Disbursement this Period

801.53

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592923

Amount of Each Disbursement this Period

25.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Fairmont Hotels**Mailing Address 155 Wellington Street West  
Suite 3300City  
Toronto Ontario M5V 0C3 CanadaState  
ZZZip Code  
00000

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592933

Amount of Each Disbursement this Period

889.68

☒ Memo Item \*

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

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

0.00

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

PAGE 51 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592924

Amount of Each Disbursement this Period

135.47

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Leons**

Mailing Address 230 Waseca Ave

City  
BarringtonState  
RIZip Code  
02806-3565

Purpose of Disbursement

Meals

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592934

Amount of Each Disbursement this Period

217.71

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592925

Amount of Each Disbursement this Period

556.18

☒ Memo Item \*

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

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

0.00

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

PAGE 52 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Cubs Sloan Park**

Mailing Address 2330 W W Rio Salado Pkwy

City  
MesaState  
AZZip Code  
85201-3604

Purpose of Disbursement

Fundraising Event Expense

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592935

Amount of Each Disbursement this Period

2363.57

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592926

Amount of Each Disbursement this Period

488.48

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592927

Amount of Each Disbursement this Period

863.96

☒ Memo Item \*

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

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

|   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |

**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 53 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City  
WashingtonState  
DCZip Code  
20002-4285

Purpose of Disbursement

Refund from Vendor

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592928

Amount of Each Disbursement this Period

- 871.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592938

Amount of Each Disbursement this Period

618.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City  
WashingtonState  
DCZip Code  
20002-4285

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592929

Amount of Each Disbursement this Period

338.00

☒ Memo Item \*

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

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

0.00

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

PAGE 54 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S Wacker Dr

City  
ChicagoState  
ILZip Code  
60606-7147

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592939

Amount of Each Disbursement this Period

120.01

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500591316

Amount of Each Disbursement this Period

0.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594116

Amount of Each Disbursement this Period

203.81

☐ Memo Item

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

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

204.77

**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 55 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Shipping

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594126

Amount of Each Disbursement this Period

45.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carroll Consulting Group LLC**

Mailing Address 2824 E Avalon Dr

City  
PhoenixState  
AZZip Code  
85016-7502

Purpose of Disbursement

Fundraising Consulting

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594586

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 650448

City  
DallasState  
TXZip Code  
75265-0448

Purpose of Disbursement

Credit Card Payment - Vendors that aggregate above \$200 listed below

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592907

Amount of Each Disbursement this Period

857.51

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

4153.26

**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 56 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592910

Amount of Each Disbursement this Period

207.49

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Lyft**

Mailing Address 2300 26Th St

City  
San FranciscoState  
CAZip Code  
94107-3234

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592916

Amount of Each Disbursement this Period

118.99

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S Wacker Dr

City  
ChicagoState  
ILZip Code  
60606-7147

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592919

Amount of Each Disbursement this Period

265.48

☒ Memo Item \*

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

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

|   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |



**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 57 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Fundraising Consulting

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594117

Amount of Each Disbursement this Period

8078.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Shipping

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 2 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594127

Amount of Each Disbursement this Period

45.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 2 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500594257

Amount of Each Disbursement this Period

0.36

☐ Memo Item

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

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

8124.77

# **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)

PAGE 58 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

## **A. Ross Strategies**

Mailing Address 2515 W Superior St  
Apt 3

City  
Chicago

State  
IL

Zip Code  
60612-1139

Purpose of Disbursement

Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2025

FEC Identification Number

C

Transaction ID : 500594587

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. American Express**

Mailing Address PO Box 650448

City  
Dallas

State  
TX

Zip Code  
75265-0448

Purpose of Disbursement

Credit Card Payment - Vendors that aggregate above \$200 listed below

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2025

FEC Identification Number

C

Transaction ID : 500592908

Amount of Each Disbursement this Period

13631.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort Worth

State  
TX

Zip Code  
76155-2605

Purpose of Disbursement

Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2025

FEC Identification Number

C

Transaction ID : 500592950

Amount of Each Disbursement this Period

444.23

☒ Memo Item

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

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

17381.11

**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 59 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592970

Amount of Each Disbursement this Period

1017.09

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Urban Stems**Mailing Address 615 L St NW  
# 1230City  
WashingtonState  
DCZip Code  
20001-3653

Purpose of Disbursement

Supporter Gifts

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592980

Amount of Each Disbursement this Period

141.59

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592951

Amount of Each Disbursement this Period

355.48

☒ Memo Item \*

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

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

0.00

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

PAGE 60 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Hilton**Mailing Address 7930 Jones Branch Dr  
Ste 100City  
McLeanState  
VAZip Code  
22102-3389

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592961

Amount of Each Disbursement this Period

114.39

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592971

Amount of Each Disbursement this Period

1624.35

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Vito Restaurant**

Mailing Address 2807 Ocean Park Blvd

City  
Santa MonicaState  
CAZip Code  
90405-2905

Purpose of Disbursement

Meals

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592981

Amount of Each Disbursement this Period

249.39

☒ Memo Item \*

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

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

0.00

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

PAGE 61 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592952

Amount of Each Disbursement this Period

245.48

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Hilton**Mailing Address 7930 Jones Branch Dr  
Ste 100City  
McLeanState  
VAZip Code  
22102-3389

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592962

Amount of Each Disbursement this Period

1660.54

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592972

Amount of Each Disbursement this Period

1374.45

☒ Memo Item \*

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

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

0.00

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

PAGE 62 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592953

Amount of Each Disbursement this Period

418.48

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Hyatt Fishrmans**

Mailing Address 555 N Point St

City  
San FranciscoState  
CAZip Code  
94133-1311

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592963

Amount of Each Disbursement this Period

205.97

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592973

Amount of Each Disbursement this Period

348.20

☒ Memo Item \*

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

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

|   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|

**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 63 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592954

Amount of Each Disbursement this Period

12.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Lodge At Pebble Beach**

Mailing Address 1700 17 MILES Dr

City  
Pebble BeachState  
CAZip Code  
93953

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592964

Amount of Each Disbursement this Period

109.97

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Thompson Hotel LAX**

Mailing Address 1541 Wilcox Ave

City  
Los AngelesState  
CAZip Code  
90028-7308

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592974

Amount of Each Disbursement this Period

785.95

☒ Memo Item \*

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

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

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|

**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 64 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City  
Fort WorthState  
TXZip Code  
76155-2605

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592955

Amount of Each Disbursement this Period

439.93

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Lodge At Pebble Beach**

Mailing Address 1700 17 MILES Dr

City  
Pebble BeachState  
CAZip Code  
93953

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592965

Amount of Each Disbursement this Period

173.55

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Thompson Hotel LAX**

Mailing Address 1541 Wilcox Ave

City  
Los AngelesState  
CAZip Code  
90028-7308

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592975

Amount of Each Disbursement this Period

204.00

☒ Memo Item \*

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

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

0.00



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

PAGE 65 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City  
WashingtonState  
DCZip Code  
20002-4285

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592956

Amount of Each Disbursement this Period

409.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Lodge At Pebble Beach**

Mailing Address 1700 17 MILES Dr

City  
Pebble BeachState  
CAZip Code  
93953

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592966

Amount of Each Disbursement this Period

201.37

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. Lyft**

Mailing Address 2300 26Th St

City  
San FranciscoState  
CAZip Code  
94107-3234

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592967

Amount of Each Disbursement this Period

79.99

☒ Memo Item \*

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

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

|   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |

**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 66 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S Wacker Dr

City  
ChicagoState  
ILZip Code  
60606-7147

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592977

Amount of Each Disbursement this Period

498.48

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592968

Amount of Each Disbursement this Period

927.25

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 233 S Wacker Dr

City  
ChicagoState  
ILZip Code  
60606-7147

Purpose of Disbursement

Travel

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 | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |

FEC Identification Number

C

Transaction ID : 500592978

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).....▶

0.00

**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 67 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Sunny's Executive Sedan Services**Mailing Address 23765 Pebble Run Pl  
Ste 100City  
SterlingState  
VAZip Code  
20166-4450

Purpose of Disbursement

Travel

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592969

Amount of Each Disbursement this Period

1009.60

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. Urban Stems**Mailing Address 615 L St NW  
# 1230City  
WashingtonState  
DCZip Code  
20001-3653

Purpose of Disbursement

Supporter Gifts

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592979

Amount of Each Disbursement this Period

109.99

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**C. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Fundraising Consulting

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594118

Amount of Each Disbursement this Period

8078.66

☐ Memo Item

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

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

|   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| 8 | 0 | 7 | 8 | . | 6 | 6 |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|

**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 68 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500592218

Amount of Each Disbursement this Period

82.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594578

Amount of Each Disbursement this Period

808.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Bank Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594588

Amount of Each Disbursement this Period

108.75

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

1000.20

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

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

PAGE 69 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Cox, Jennifer, , ,**

Mailing Address PO Box 33400

City  
PhoenixState  
AZZip Code  
85067-3400Purpose of Disbursement  
Political Strategy Consulting  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2025

FEC Identification Number

C

Transaction ID : 500594109

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531Purpose of Disbursement  
Fundraising Consulting  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2025

FEC Identification Number

C

Transaction ID : 500594119

Amount of Each Disbursement this Period

8078.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP VAN Inc**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2025

FEC Identification Number

C

Transaction ID : 500594129

Amount of Each Disbursement this Period

643.46

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

12722.12

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

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

PAGE 70 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594569

Amount of Each Disbursement this Period

210.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HM Consulting**

Mailing Address 114 Lexington Dr

City  
Silver SpringState  
MDZip Code  
20901-2531

Purpose of Disbursement

Reimbursement - Fundraising Event Catering

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594579

Amount of Each Disbursement this Period

311.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

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 | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500589789

Amount of Each Disbursement this Period

26.41

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

548.50

**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 71 OF 75

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

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Bank Fee

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:

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

C

Transaction ID : 500594589

Amount of Each Disbursement this Period

14.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Category/  
Type

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

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Category/  
Type

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).....▶

14.21

131317.83

**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 72 OF 75

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Chris Coons For Delaware**

Mailing Address PO Box 9900

City  
NewarkState  
DEZip Code  
19714-5000

Purpose of Disbursement

Contribution

Candidate Name

COONS, CHRISTOPHER, A., ,

Office Sought:

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

Disbursement For: 2026

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

State: DE District: 00

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00475392**Transaction ID : 500594590**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hickenlooper For Colorado**

Mailing Address PO Box 18886

City  
DenverState  
COZip Code  
80218-0886

Purpose of Disbursement

Contribution

Candidate Name

Hickenlooper, John W., , ,

Office Sought:

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

Disbursement For: 2026

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

State: CO District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00716720**Transaction ID : 500594592**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Warner Victory Fund**Mailing Address 1490 Quarterpath Rd  
Ste # 5ACity  
WilliamsburgState  
VAZip Code  
23185-6544

Purpose of Disbursement

Contribution

Candidate Name

Mark Warner Victory Fund

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 M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00895219**Transaction ID : 500594594**

Amount of Each Disbursement this Period

2500.00

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

12500.00

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



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

PAGE 73 OF 75

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. People For Ben**

Mailing Address PO Box 31129

City  
Santa FeState  
NMZip Code  
87594-1129

Purpose of Disbursement

Contribution

Candidate Name

LUJAN, BEN RAY, , ,

Office Sought:

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

Disbursement For: 2026

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

State: NM

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00443689**Transaction ID : 500594595**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chris Pappas For Senate**

Mailing Address PO Box 313

City  
ManchesterState  
NHZip Code  
03105-0313

Purpose of Disbursement

Contribution

Candidate Name

PAPPAS, CHRIS, , ,

Office Sought:

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

Disbursement For: 2026

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

State: NH

District: 01

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00660464**Transaction ID : 500595166**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Party Of South Carolina**

Mailing Address PO Box 5965

City  
ColumbiaState  
SCZip Code  
29250-5965

Purpose of Disbursement

Contribution

Candidate Name

Democratic Party Of South Carolina

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 M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

FEC Identification Number

**C** C00007658**Transaction ID : 500594596**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

PAGE 74 OF 75

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. Stanton For Arizona**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

Mailing Address 4340 E Indian School Rd  
Ste 21-518City  
PhoenixState  
AZZip Code  
85018-5398

FEC Identification Number

**C** C00657304**Transaction ID : 500594597**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Contribution

Candidate Name

STANTON, GREG, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 04

Full Name (Last, First, Middle Initial)

**B. La Gente For Grijalva**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    |   | 03    |   | 2025        |

Mailing Address PO Box 33079

City  
WashingtonState  
DCZip Code  
20033-0079

FEC Identification Number

**C** C00901116**Transaction ID : 500594128**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

Contribution

Candidate Name

GRIJALVA, ADELITA, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2025

☐ Primary ☐ General  
☒ Other (specify)  
Special Primary

State: AZ

District: 07

Full Name (Last, First, Middle Initial)

**C. Yassamin Ansari For Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 27    |   | 2025        |

Mailing Address PO Box 13524

City  
PhoenixState  
AZZip Code  
85002-3524

FEC Identification Number

**C** C00836767**Transaction ID : 500594598**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

Contribution

Candidate Name

ANSARI, YASSAMIN, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 03

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

7000.00

**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 75 OF 75

|                              |                              |                                        |                             |                              |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)

Liftoff PAC

Full Name (Last, First, Middle Initial)

**A. DSCC**

Mailing Address 120 Maryland Ave NE

City  
WashingtonState  
DCZip Code  
20002-5610

Purpose of Disbursement

Contribution

Candidate Name

DSCC

Office Sought:

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

Disbursement For: 2025

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

Headquarters Account

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 5 |   |   |

FEC Identification Number

**C** C00042366**Transaction ID : 500594599**

Amount of Each Disbursement this Period

26250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

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

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

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)..... ►

26250.00

60750.00