

**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

The Great Task

ADDRESS (number and street)

PO Box 16272

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00607556

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 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 Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y 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

Shea, Beverly, , ,

Signature of Treasurer

Shea, Beverly, , ,

Date

M M M /

D D D /

Y 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

The Great TaskReport Covering the Period: From: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01  |   | 01  |   | 2024      |

 To: 

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03  |   | 31  |   | 2024      |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div>2024</div>                                                                |                         | 1181806.76                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 1181806.76              |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 647391.95               | 647391.95                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 1829198.71              | 1829198.71                        |
| 7. Total Disbursements (from Line 31).....                                                                       | 1096579.62              | 1096579.62                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 732619.09               | 732619.09                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ 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

The Great Task

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 01 2024

To:

M M / D D / Y Y Y Y  
03 31 2024

## I. Receipts

COLUMN A  
Total This PeriodCOLUMN B  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

324253.00

324253.00

(ii) Unitemized .....

322757.95

322757.95

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

647010.95

647010.95

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

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

647010.95

647010.95

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

381.00

381.00

## 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)) .....

647391.95

647391.95

## 20. Total Federal Receipts

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

647391.95

647391.95

# **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 .....                                                 | 94479.62                      | 94479.62                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 94479.62                      | 94479.62                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 1000000.00                    | 1000000.00                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 2100.00                       | 2100.00                           |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 2100.00                       | 2100.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1096579.62                    | 1096579.62                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1096579.62                    | 1096579.62                        |

**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) .....         | 647010.95                     | 647010.95                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 2100.00                       | 2100.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 644910.95                     | 644910.95                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 94479.62                      | 94479.62                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 381.00                        | 381.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 94098.62                      | 94098.62                          |

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

FOR LINE NUMBER: PAGE 6 OF 239

(check only one)

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

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)

**The Great Task**

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

**A. AGRAN, ROBERT, , ,**

Mailing Address 8235 SEMINOLE STREET

City  
PHILADELPHIAState  
PAZip Code  
19118-3929FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 02    |   | 2024        |

Transaction ID : SA11A.218274

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BUCCINI, MAX, , ,**

Mailing Address 800 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10001-6345FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SONESTA INTERNATIONALOccupation (for Individual)  
GLOBAL BRAND LEADER

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 |
| 01    |   | 02    |   | 2024        |

Transaction ID : SA11A.218273

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. LANDINI, SUSAN, , ,**

Mailing Address 1265 NOONAN DRIVE

City  
SACRAMENTOState  
CAZip Code  
95822-2571FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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 |
| 01    |   | 02    |   | 2024        |

Transaction ID : SA11A.218270

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KIEFFER, MARK, , ,**

Mailing Address 3113 280TH AVE NE

City  
REDMONDState  
WAZip Code  
98053-3131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 03 / 2024

Transaction ID : SA11A.218286

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MARCEAU, CARLA, , ,**

Mailing Address 5 ESSEX COURT

City  
ITHACAState  
NYZip Code  
14850-1066FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 03 / 2024

Transaction ID : SA11A.218283

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ELLIS, PHILIP, , ,**

Mailing Address PO BOX 214

City  
CHUGWATERState  
WYZip Code  
82210-0214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
RANCHER

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  
01 / 04 / 2024

Transaction ID : SA11A.218293

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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: PAGE 8 OF 239  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

The Great Task

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

**A. DOHERTY, JUDITH, , ,**

Mailing Address 4613 N CHELSEA LANE

City  
BETHESDAState  
MDZip Code  
20814-3711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRSIOccupation (for Individual)  
PROGRAM DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 06 / 2024

Transaction ID : SA11A.218316

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOPE, GREG, , ,**

Mailing Address 6723 35TH PL S

City  
SEATTLEState  
WAZip Code  
98118-6454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIOCESE OF OLYMPIAOccupation (for Individual)  
DIRECTOR, REFUGEE RESETTLEME

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 07 / 2024

Transaction ID : SA11A.218338

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GLANVILLE, PAUL, , ,**

Mailing Address 21945 HIGHWAY 550

City  
RIDGWAYState  
COZip Code  
81432-9660FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EAGLES WING MEDICALOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 08 / 2024

Transaction ID : SA11A.218357

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

FOR LINE NUMBER: PAGE 9 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. AUSTIN, MICHAEL, , ,**

Mailing Address 5 AMARANTH DR

City  
LITTLETONState  
COZip Code  
80127-2611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 10 / 2024

Transaction ID : SA11A.218400

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. CANIZARES, ROBERTO, , ,**

Mailing Address 900 CHAMPLAIN PLACE

City  
GIBSONIAState  
PAZip Code  
15044-8017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 11 / 2024

Transaction ID : SA11A.218445

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRIZZLEY, JILL, , ,**

Mailing Address 22 HOMESDALE ROAD

City  
BRONXVILLEState  
NYZip Code  
10708-5005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF - EMPLOYEDOccupation (for Individual)  
BOARD DIRECTOR AND 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  
01 / 11 / 2024

Transaction ID : SA11A.218453

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

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

FOR LINE NUMBER: PAGE 10 OF 239

(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. STEPHENS, JUNE, , ,**

Mailing Address 4608 EAST ARBOR ROAD

City  
LONG BEACHState  
CAZip Code  
90808-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 11 / 2024

Transaction ID : SA11A.218454

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. THOMPSON, CLAYTON, , ,**

Mailing Address 1695 SERENITY DRIVE

City  
ANTIOCHState  
ILZip Code  
60002-6218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MRHFMOccupation (for Individual)  
LAWYER

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  
01 / 11 / 2024

Transaction ID : SA11A.218450

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ULRICH, MARY, , ,**

Mailing Address PO BOX 366

City  
GORDONVILLEState  
TXZip Code  
76245-0366FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 11 / 2024

Transaction ID : SA11A.218456

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 11 OF 239

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. WOOD, JORDAN, , ,**

Mailing Address 9 NORTHERN POINT RD

City  
ROUND PONDState  
MEZip Code  
04564-3625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEMOCRACYFIRSTOccupation (for Individual)  
ED

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  
01 / 11 / 2024

Transaction ID : SA11A.218433

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BOWERS, CHRISTOPHER, , ,**

Mailing Address 4115 RAINSONG DRIVE

City  
DALLASState  
TXZip Code  
75287-6645FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE SUSTER LAW GROUPOccupation (for Individual)  
ATTORNEY

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  
01 / 13 / 2024

Transaction ID : SA11A.219458

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. WESTERBY, DAVID, , ,**

Mailing Address 4796 BONITA BAY DR

City  
ST. GEORGEState  
UTZip Code  
84790-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 13 / 2024

Transaction ID : SA11A.219459

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. ROHWEDER, ROGER, , ,**

Mailing Address 1205 GOODENVIEW CT

City  
DURHAMState  
NCZip Code  
27713-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 14 / 2024

Transaction ID : SA11A.219471

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEAHN, JAMES, , ,**

Mailing Address 1301 BANNON PL

City  
CHINO VALLEYState  
AZZip Code  
86323-5826FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 15 / 2024

Transaction ID : SA11A.219483

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PARRISH, JAMES, , ,**

Mailing Address P.O. BOX 913

City  
WINTHROPState  
WAZip Code  
98862-0913FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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  
01 / 16 / 2024

Transaction ID : SA11A.219500

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

6000.00

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

FOR LINE NUMBER: PAGE 13 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. MCARTHUR, VIRGINIA, , ,**

Mailing Address 2425 L STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20037-2412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 17 / 2024

Transaction ID : SA11A.219525

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WEAVER, DOUG, , ,**

Mailing Address 1104 ORO REAL NE

City  
ALBUQUERQUEState  
NMZip Code  
87123-1939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 17 / 2024

Transaction ID : SA11A.219526

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. GUPTA, VIPIN, , ,**

Mailing Address 333 N. PENNINGTON DRIVE, #63

City  
CHANDLERState  
AZZip Code  
85224-8270FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2024

Transaction ID : SA11A.219538

Amount of Each Receipt this Period

360.00

☐ Memo Item  
CONTRIBUTION

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

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

1110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. COUSINO, BRENT, , ,**

Mailing Address 36 EXMOOR

City  
TOLEDOState  
OHZip Code  
43615-2174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 19 / 2024

Transaction ID : SA11A.219556

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. RIVEST, RON, , ,**

Mailing Address 41 ACADEMY STREET

City  
ARLINGTONState  
MAZip Code  
02476-6433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MITOccupation (for Individual)  
PROFESSOR

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  
01 / 19 / 2024

Transaction ID : SA11A.219552

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. COLE, JAMES, , ,**

Mailing Address 10 BROOKWOOD RD

City  
SOUTH ORANGEState  
NJZip Code  
07079-1306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERRILL LYNCHOccupation (for Individual)  
FINANCIAL ADVISOR

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  
01 / 20 / 2024

Transaction ID : SA11A.219566

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

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

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. HANEY, JOHN, , ,**

Mailing Address 853 HARRITT DR NW

City  
SALEMState  
ORZip Code  
97304-3264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OR DEPT OF TRANSPORTATIONOccupation (for Individual)  
INTERNAL AUDITOR

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  
01 / 20 / 2024

Transaction ID : SA11A.219570

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

**B. PYLE, SANDRA, , ,**

Mailing Address 1267 PO BOX

City  
DOLORESState  
COZip Code  
81323-1267FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 20 / 2024

Transaction ID : SA11A.219568

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KARAHAN, JAY, , ,**

Mailing Address PO BOX 130824

City  
HOUSTONState  
TXZip Code  
77219-0824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
LAWYER

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  
01 / 21 / 2024

Transaction ID : SA11A.219572

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

700.00

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

FOR LINE NUMBER: PAGE 16 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. KING, JAMES, , ,**

Mailing Address 1812 KALAKAUA AVE

City  
HONOLULUState  
HIZip Code  
96815-1505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 21 / 2024

Transaction ID : SA11A.219583

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

**B. FRIEDMAN, BETSY, , MS.,**

Mailing Address 5231 MYAKKA VALLEY TRAIL

City  
SARASOTAState  
FLZip Code  
34241-9658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2024

Transaction ID : SA11A.219588

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRIEDMAN, BETSY, , MS.,**

Mailing Address 5231 MYAKKA VALLEY TRAIL

City  
SARASOTAState  
FLZip Code  
34241-9658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2024

Transaction ID : SA11A.224223

Amount of Each Receipt this Period

34.00

☐ Memo Item  
CONTRIBUTION

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

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

934.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. JONES, HOWARD, , ,**

Mailing Address 518 EMERALD BAY

City  
LAGUNA BEACHState  
CAZip Code  
92651-1269FEC 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 / D D / Y Y Y Y Y  
01 / 22 / 2024

Transaction ID : SA11A.219594

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. JONES, KITTY, , ,**

Mailing Address 518 EMERALD BAY

City  
LAGUNA BEACHState  
CAZip Code  
92651-1269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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  
01 / 22 / 2024

Transaction ID : SA11A.219596

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. RADERS, SHERI, , ,**

Mailing Address 524 COLUMBINE ST

City  
DENVERState  
COZip Code  
80206-4227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2024

Transaction ID : SA11A.219591

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

10500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 239  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. FIFE, JENNIFER, , ,**

Mailing Address 530 SUNSET RD

City  
WINNETKAState  
ILZip Code  
60093-4124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MARRIAGE THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 24 / 2024

Transaction ID : SA11A.219623

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

**B. VINCENT, DAWN, , ,**

Mailing Address 4826 VISTA DE ORO AVENUE

City  
LOS ANGELESState  
CAZip Code  
90043-1611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STIFELOccupation (for Individual)  
FINANCE

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  
01 / 24 / 2024

Transaction ID : SA11A.219629

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CARLISLE, JAMES, , ,**

Mailing Address 1507 E. TOMAHAWK DR

City  
SALT LAKE CITYState  
UTZip Code  
84103-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UTAH IMAGING ASSOCOccupation (for Individual)  
M.D.

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  
01 / 25 / 2024

Transaction ID : SA11A.219651

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

560.00

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

FOR LINE NUMBER: PAGE 19 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. VARGAS, ARMANDO, , ,**

Mailing Address 15402 KIPPFORD CT.

City  
MIAMI LAKESState  
FLZip Code  
33014-2030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IDEAL CLINICAL RESEARCHOccupation (for Individual)  
OWNER

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  
01 / 25 / 2024

Transaction ID : SA11A.219645

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HINERMAN, EDWARD, , ,**

Mailing Address 13150 DR. 261D

City  
NATHROPState  
COZip Code  
81236-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HINERMAN GROUP, INCOccupation (for Individual)  
INSURANCE AGENT

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  
01 / 26 / 2024

Transaction ID : SA11A.219664

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FRAZEE, RICHARD, , ,**

Mailing Address 2560 ECLIPSE LN

City  
PENSACOLAState  
FLZip Code  
32514-7470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 27 / 2024

Transaction ID : SA11A.219689

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 20 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KAKIS, ANTHONY, , ,**

Mailing Address 2009 CLARICE LANE

City  
BURLINGAMEState  
CAZip Code  
94010-5402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2024

Transaction ID : SA11A.219686

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

**B. BEBOUT, PAM, , ,**

Mailing Address 1606 MAJOR AVE

City  
RIVERTONState  
WYZip Code  
82501-8900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2024

Transaction ID : SA11A.219718

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

**C. DORIS, ED, , ,**

Mailing Address P.O. BOX 640

City  
EXETERState  
NHZip Code  
03833-0640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
WHOLESALE DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2024

Transaction ID : SA11A.219700

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. FRANK, BARBARA, K., MS.,**

Mailing Address 10632 NORTH HIDDEN RESERVE CIRCLE

City  
MEQUONState  
WIZip Code  
53092-5578FEC 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2024

Transaction ID : SA11A.219818

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. KOCH, CHRISTOPHER, L., MR.,**

Mailing Address 9200 WINERY TERRACE

City  
KENWOODState  
CAZip Code  
95452-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
01 / 29 / 2024

Transaction ID : SA11A.219820

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

**C. STEELE, R., CURTIS, MR.,**

Mailing Address 706 RED LANE

City  
SALEMState  
VAZip Code  
24153-2712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
01 / 29 / 2024

Transaction ID : SA11A.219823

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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 22 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. DUDLEY, STEVE, , ,**

Mailing Address PO BOX 562

City  
BIG HORNState  
WYZip Code  
82833-0562FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STEVE DUDLEYOccupation (for Individual)  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2024

Transaction ID : SA11A.219732

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. AGRAN, ROBERT, , ,**

Mailing Address 8235 SEMINOLE STREET

City  
PHILADELPHIAState  
PAZip Code  
19118-3929FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2024

Transaction ID : SA11A.219745

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. BUCCINI, MAX, , ,**

Mailing Address 800 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10001-6345FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SONESTA INTERNATIONALOccupation (for Individual)  
GLOBAL BRAND LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2024

Transaction ID : SA11A.219751

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

FOR LINE NUMBER: PAGE 23 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LANDINI, SUSAN, , ,**

Mailing Address 1265 NOONAN DRIVE

City  
SACRAMENTOState  
CAZip Code  
95822-2571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 02 / 2024

Transaction ID : SA11A.219752

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. FABRIZIO, JACQUELINE, , ,**

Mailing Address 18111 BIRCHTREE STREET

City  
ANCHORAGEState  
AKZip Code  
99567-6739FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US ARMYOccupation (for Individual)  
CIVIL 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  
02 / 03 / 2024

Transaction ID : SA11A.219766

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ELLIS, PHILIP, , ,**

Mailing Address PO BOX 214

City  
CHUGWATERState  
WYZip Code  
82210-0214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
RANCHER

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  
02 / 04 / 2024

Transaction ID : SA11A.219775

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. REIMER, LANNY, , ,**

Mailing Address 516 ASPEN DR

City  
NEWCASTLEState  
WYZip Code  
82701-2932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESTON CO HEALTH SERVICESOccupation (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  
02 / 04 / 2024

Transaction ID : SA11A.219785

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. TATMAN, JUDY, , ,**

Mailing Address 1310 VICTORIAN WAY

City  
EUGENEState  
ORZip Code  
97401-7019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 05 / 2024

Transaction ID : SA11A.219798

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCBEATH, BILL, , ,**

Mailing Address 99 PARK ST.

City  
NEWTONState  
MAZip Code  
02458-2041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHAINLINK RESEARCHOccupation (for Individual)  
CHIEF RESEARCH OFFICER

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  
02 / 06 / 2024

Transaction ID : SA11A.219808

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. FUNK, DANIEL, A., ,**

Mailing Address 8997 TERWILLIGERSRIDGE DR

City  
CINCINNATIState  
OHZip Code  
45249-2762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2024

Transaction ID : SA11A.219848

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PECKHAM, JOHN, , ,**

Mailing Address PO BOX 8394

City  
KETCHIKANState  
AKZip Code  
99901-3394FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2024

Transaction ID : SA11A.219850

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CERRA, DAVID, , ,**

Mailing Address 1311 LINCOLN AVE S

City  
HIGHLAND PARKState  
ILZip Code  
60035-3460FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SHURE, INCOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2024

Transaction ID : SA11A.219915

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 26 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. THOMPSON, CLAYTON, , ,**

Mailing Address 1695 SERENITY DRIVE

City  
ANTIOCHState  
ILZip Code  
60002-6218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MRHFMOccupation (for Individual)  
LAWYER

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  
02 / 11 / 2024

Transaction ID : SA11A.219905

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. COULTER, DAVID, , MR.,**

Mailing Address P.O. BOX 13953

City  
ALBANYState  
NYZip Code  
12212-3953FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WARBURG PINCUSOccupation (for Individual)  
PARTNER

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  
02 / 13 / 2024

Transaction ID : SA11A.219945

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. EMMETSBERGER, JOHN-ERIK, , ,**

Mailing Address 829 4TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002-4317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENERAL ELECTRICOccupation (for Individual)  
ACCOUNTANT

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  
02 / 13 / 2024

Transaction ID : SA11A.219954

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

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

FOR LINE NUMBER: PAGE 27 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HOWLAND, MARY, , ,**

Mailing Address 160 HAMILTON AVENUE

City  
JAMESTOWNState  
RIZip Code  
02835-1242FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 13 / 2024

Transaction ID : SA11A.219943

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEAL, KARL, , ,**

Mailing Address 1113 WEST PARR AVENUE

City  
CAMPBELLState  
CAZip Code  
95008-6410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
FINANCIAL PLANNER

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  
02 / 13 / 2024

Transaction ID : SA11A.219948

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. WESTERBY, DAVID, , ,**

Mailing Address 4796 BONITA BAY DR

City  
ST. GEORGEState  
UTZip Code  
84790-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 13 / 2024

Transaction ID : SA11A.219939

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2250.00

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

FOR LINE NUMBER: PAGE 28 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ADAMS, DONALD, , MR.,**

Mailing Address PO BOX 11

City  
GENOAState  
NVZip Code  
89411-0011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.221220

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. FURIA, RICHARD, A., MR.,**

Mailing Address 561 NARRAGANSETT PKWY

City  
WARWICKState  
RIZip Code  
02888-4631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.221217

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**C. HARE, ELEANOR, , MRS.,**

Mailing Address 202 CREST CIRCLE

City  
CLEMSONState  
SCZip Code  
29631-1402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.221213

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION**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 Page

FOR LINE NUMBER: PAGE 29 OF 239

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LAMANA, JUDY, MARIE, MS.,**

Mailing Address 7632 BEAR WALLOW DRIVE

City  
WARRENTONState  
VAZip Code  
20186-2055FEC 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 ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.221206

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SAINT, ELIZABETH, , MS.,**

Mailing Address 516 SANTA MARGUARITA DR

City  
APTOSState  
CAZip Code  
95003-4814FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STANFORD HOSPITAL & CLINICSOccupation (for Individual)  
NURSE

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  
02 / 14 / 2024

Transaction ID : SA11A.221211

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. SATTLER, VIRGINIA, , MS.,**

Mailing Address 3139 CLARENDON DRIVE

City  
ANNAPOLISState  
MDZip Code  
21403-4401FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.219967

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2750.00

**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 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. SATTLER, VIRGINIA, , MS.,**

Mailing Address 3139 CLARENDON DRIVE

City  
ANNAPOLISState  
MDZip Code  
21403-4401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2024

Transaction ID : SA11A.224262

Amount of Each Receipt this Period

21.00

☐ Memo Item  
CONTRIBUTION

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

**B. BASS, ROBERT, , ,**

Mailing Address 422 ANACAPA DRIVE

City  
ROSEVILLEState  
CAZip Code  
95678-5956FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2024

Transaction ID : SA11A.219985

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUGHES, J, , ,**

Mailing Address 4524 MAGNOLIA STREET

City  
BELLAIREState  
TXZip Code  
77401-4211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2024

Transaction ID : SA11A.219981

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2021.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. SCHULTZ, MARK, , ,**

Mailing Address 7 BARRY AVENUE

City  
ANNAPOLISState  
MDZip Code  
21403-4450FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EARTH RIVER GEOTHERMAL, INC.Occupation (for Individual)  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2024

Transaction ID : SA11A.221000

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. CANIZARES, ROBERTO, , ,**

Mailing Address 900 CHAMPLAIN PLACE

City  
GIBSONIAState  
PAZip Code  
15044-8017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2024

Transaction ID : SA11A.221001

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAUBER, ALICIA, , ,**

Mailing Address 1809 TAYLOR AVENUE

City  
BELLINGHAMState  
WAZip Code  
98225-6470FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ART LICENSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221035

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. EICHEN, ELLIOT, , ,**

Mailing Address 41 MARY ST

City  
ARLINGTONState  
MAZip Code  
02474-8865FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 20 / 2024

Transaction ID : SA11A.221037

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HANEY, JOHN, , ,**

Mailing Address 853 HARRITT DR NW

City  
SALEMState  
ORZip Code  
97304-3264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OR DEPT OF TRANSPORTATIONOccupation (for Individual)  
INTERNAL AUDITOR

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  
02 / 20 / 2024

Transaction ID : SA11A.221055

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. KAKIS, ANTHONY, , ,**

Mailing Address 2009 CLARICE LANE

City  
BURLINGAMEState  
CAZip Code  
94010-5402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 20 / 2024

Transaction ID : SA11A.221054

Amount of Each Receipt this Period

100.00

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

850.00

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

FOR LINE NUMBER: PAGE 33 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. KORAN, LORRIN, , ,**

Mailing Address 710 ALVARADO ROW

City  
STANFORDState  
CAZip Code  
94305-1049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221092

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. LANGENFELD, JAMES, , ,**

Mailing Address 1220 N FILLMORE ST

City  
ARLINGTONState  
VAZip Code  
22201-6503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRGOccupation (for Individual)  
ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221075

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MORAN, WILLIAM, , ,**

Mailing Address 8927 SAGAMORE RD

City  
LEAWOODState  
KSZip Code  
66206-1934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221033

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 34 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. MOTT, JOE, , ,**

Mailing Address 2843 COVE LN

City  
BOUNTIFULState  
UTZip Code  
84010-2416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221085

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. REGAN, JEFF, , ,**

Mailing Address 9 CAROL ROAD

City  
KINNELONState  
NJZip Code  
07405-2927FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221071

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SAVAGE, DANIEL, , ,**

Mailing Address 14610 W CORNELL PLACE

City  
LAKEWOODState  
COZip Code  
80228-4874FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BUFFALO BASIN LLCOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2024

Transaction ID : SA11A.221087

Amount of Each Receipt this Period

250.00

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

750.00

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

FOR LINE NUMBER: PAGE 35 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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 |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)

**The Great Task**

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

**A. HINKLE, JAMES, , ,**

Mailing Address 5301 BLUE CRAB CIRCLE

City  
BOKEELIAState  
FLZip Code  
33922-3351FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2024

Transaction ID : SA11A.221097

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHMALE, NEAL, , MR.,**

Mailing Address 6460 AVENIDA CRESTA

City  
LA JOLLAState  
CAZip Code  
92037-6506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2024

Transaction ID : SA11A.221119

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. STALLKNECHT, LESLIE RUTH, , ,**

Mailing Address PO BOX 388

City  
CALLAOState  
VAZip Code  
22435-0388FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2024

Transaction ID : SA11A.221117

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. AYERS, GARY, , ,**

Mailing Address 141 WILLOW WOOD DRIVE

City  
OAKDALEState  
NYZip Code  
11769-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 22 / 2024

Transaction ID : SA11A.221130

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WHEELIS, RUTH, , ,**

Mailing Address 3510 4TH

City  
BROWNWOODState  
TXZip Code  
76801-6528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
02 / 23 / 2024

Transaction ID : SA11A.221143

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FIFE, JENNIFER, , ,**

Mailing Address 530 SUNSET RD

City  
WINNETKAState  
ILZip Code  
60093-4124FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MARRIAGE THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2024

Transaction ID : SA11A.221155

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

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

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

560.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KOPLOY, JEANNE, , ,**

Mailing Address 14601 TUMBLEWEED LANE

City  
ROYAL OAKSState  
CAZip Code  
95076-9259FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2024

Transaction ID : SA11A.221163

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEBLANC, KELLEY, , ,**

Mailing Address 340 JONESVILLE ROAD

City  
HILTON HEAD ISLANDState  
SCZip Code  
29926-1454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KELLEY CHIROPRACTICOccupation (for Individual)  
CHIROPRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2024

Transaction ID : SA11A.221182

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DORIS, ED, , ,**

Mailing Address P.O. BOX 640

City  
EXETERState  
NHZip Code  
03833-0640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
WHOLESALE DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2024

Transaction ID : SA11A.221234

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. O'NEILL, KELLEY, M., ,**

Mailing Address 29182 HARTWOOD DRIVE

City  
RUSHFORDState  
MNZip Code  
55971-3015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
02 / 28 / 2024

Transaction ID : SA11A.221241

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DUBLE, CHRIS, , ,**

Mailing Address 41A WASHINGTON STREET

City  
BOXFORDState  
MAZip Code  
01921-1207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 29 / 2024

Transaction ID : SA11A.221251

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUDLEY, STEVE, , ,**

Mailing Address PO BOX 562

City  
BIG HORNState  
WYZip Code  
82833-0562FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

STEVE DUDLEY

Occupation (for Individual)

MANAGEMENT CONSULTANT

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  
02 / 29 / 2024

Transaction ID : SA11A.221250

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 239  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. AGRAN, ROBERT, , ,**

Mailing Address 8235 SEMINOLE STREET

City  
PHILADELPHIAState  
PAZip Code  
19118-3929FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2024

Transaction ID : SA11A.221261

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BUCCINI, MAX, , ,**

Mailing Address 800 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10001-6345FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SONESTA INTERNATIONALOccupation (for Individual)  
GLOBAL BRAND LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2024

Transaction ID : SA11A.221269

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. LANDINI, SUSAN, , ,**

Mailing Address 1265 NOONAN DRIVE

City  
SACRAMENTOState  
CAZip Code  
95822-2571FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2024

Transaction ID : SA11A.221267

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 239  
(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BUCCINI, MAX, , ,**

Mailing Address 800 AVENUE OF THE AMERICAS

City  
NEW YORKState  
NYZip Code  
10001-6345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SONESTA INTERNATIONALOccupation (for Individual)  
GLOBAL BRAND LEADER

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  
03 / 04 / 2024

Transaction ID : SA11A.221280

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. DUDLEY, STEVE, , ,**

Mailing Address PO BOX 562

City  
BIG HORNState  
WYZip Code  
82833-0562FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEVE DUDLEYOccupation (for Individual)  
MANAGEMENT CONSULTANT

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  
03 / 04 / 2024

Transaction ID : SA11A.221281

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. ELLIS, PHILIP, , ,**

Mailing Address PO BOX 214

City  
CHUGWATERState  
WYZip Code  
82210-0214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
RANCHER

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  
03 / 04 / 2024

Transaction ID : SA11A.221275

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

300.00

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

FOR LINE NUMBER: PAGE 41 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. SLAWSON, MARK, , ,**

Mailing Address 2242 WINDING WAY

City  
TUCKERState  
GAZip Code  
30084-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 04 / 2024

Transaction ID : SA11A.221286

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. AHMAD, SHIRLEY, , MRS.,**

Mailing Address 39074 MOUNT VERNON AVE.

City  
FREMONTState  
CAZip Code  
94538-1418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IMTIAZ AHMAD CPAOccupation (for Individual)  
ACCOUNTANT

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  
03 / 06 / 2024

Transaction ID : SA11A.221609

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ANNABLE, ROSS, , ,**

Mailing Address 9870 REEDY LN

City  
HARRISBURGState  
NCZip Code  
28075-7103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222220

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 42 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BANKOFF, LIBBY, , ,**

Mailing Address 2106 ELMWOOD AVENUE

City  
WILMETTEState  
ILZip Code  
60091-1434FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222221

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BARTMAN, MARK, , ,**

Mailing Address 11680 GORSUCH RD.

City  
GALENAState  
OHZip Code  
43021-8624FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221662

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. BLACKMAN, ROBERT, A., ,**

Mailing Address 6949 DUME DRIVE

City  
MALIBUState  
CAZip Code  
90265-4226FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221657

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 239  
(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)

The Great Task

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

**A. BLADE, KARL, , ,**

Mailing Address 3711 CASTLE ROCK DR

City  
JOPLINState  
MOZip Code  
64801-8371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEWELL COACH CORP.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221980

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BLAKE, PATRICIA, A., ,**

Mailing Address 779 KNOLLWOOD TERRACE

City  
WESTFIELDState  
NJZip Code  
07090-3418FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222754

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BOGGS, JENNIFER, , ,**

Mailing Address 200 NORTH BRUNER STREET

City  
HINSDALEState  
ILZip Code  
60521-3025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSKOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222020

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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: PAGE 44 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Great Task**

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

**A. BOOTHE, JOANNA, D., MRS.,**

Mailing Address 5714 EAKES CT NW

City  
LOS RANCHOSState  
NMZip Code  
87107-7101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE FARM INSURANCEOccupation (for Individual)  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222498

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BORST, STEVE, , ,**

Mailing Address PO BOX 58154

City  
SALT LAKE CITYState  
UTZip Code  
84158-0154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Q THERAPEUTICS, INC.Occupation (for Individual)  
CEO AND CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221761

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CARLSEN, DAVID, , ,**

Mailing Address 4340 FREMONT AVENUE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55409-1721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221856

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 45 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. CASEY, PAUL, , ,**

Mailing Address 1701 PORT ABBEY PLACE

City  
NEWPORT BEACHState  
CAZip Code  
92660-5309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
REAL ESTATE

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  
03 / 06 / 2024

Transaction ID : SA11A.221584

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. CASTRO, MIGUEL, , ,**

Mailing Address 5044 AVENIDA PLAYA CANCUN

City  
SAN DIEGOState  
CAZip Code  
92124-1533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROGRESSIVEOccupation (for Individual)  
INSURANCE

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  
03 / 06 / 2024

Transaction ID : SA11A.222288

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHUNG, RAY, , ,**

Mailing Address 11 SMITHDALE ESTATES DR

City  
HOUSTONState  
TXZip Code  
77024-6609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221685

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

The Great Task

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

**A. CRONK, JANET, , ,**

Mailing Address 3937 HAPPY VALLEY ROAD

City  
LAFAYETTEState  
CAZip Code  
94549-2423FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221583

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DALTO, JOE, , ,**

Mailing Address 106 BRADLEY AVE

City  
WHITE PLAINSState  
NYZip Code  
10607-2504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AT&TOccupation (for Individual)  
MANAGER

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  
03 / 06 / 2024

Transaction ID : SA11A.222726

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DAWSON, JOHN, , ,**

Mailing Address 2612 CAMILLE DR

City  
LEWISVILLEState  
TXZip Code  
75056-5772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROLLENIUMOccupation (for Individual)  
SALES

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  
03 / 06 / 2024

Transaction ID : SA11A.222443

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. DECHELLIS, ANTHONY, , ,**

Mailing Address 2255 WINDWARD WAY

City  
VERO BEACHState  
FLZip Code  
32963-3021FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WINDWARD PARTNERSOccupation (for Individual)  
CEO

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  
03 / 06 / 2024**Transaction ID : SA11A.221509**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEIDE, DEL, , ,**

Mailing Address 7926 GOODMAN DR NW

City  
GIG HARBORState  
WAZip Code  
98332-9561FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024**Transaction ID : SA11A.222067**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DHONAU, LAURIE, , ,**

Mailing Address 152 BARETTA LOOP

City  
BUDAState  
TXZip Code  
78610-2198FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024**Transaction ID : SA11A.222780**

Amount of Each Receipt this Period

250.00

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

1250.00

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

FOR LINE NUMBER: PAGE 48 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. DILL, JULIE, , ,**

Mailing Address 2318 MIMOSA DRIVE

City  
HOUSTONState  
TXZip Code  
77019-6024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221329

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. E DAVIES, DAVID, , ,**

Mailing Address 1377 HYDE PARK DRIVE

City  
WINTER PARKState  
FLZip Code  
32792-8143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222750

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. EDWARDS, PATRICK, , ,**

Mailing Address 10431 NORTH 23RD PL

City  
PHOENIXState  
AZZip Code  
85028-3605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BURNS & MCDONNELL ENGINEERING COOccupation (for Individual)  
ARCHITECT

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  
03 / 06 / 2024

Transaction ID : SA11A.221572

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ESTES, DOUG, L., MR.,**

Mailing Address 4012 SUNSET DR

City  
RAPID CITYState  
SDZip Code  
57702-3276FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222487

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FERGUSON, ELEANOR, , ,**

Mailing Address PO BOX 869

City  
CHAPEL HILLState  
NCZip Code  
27514-0869FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221986

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. FIFE, JENNIFER, , ,**

Mailing Address 530 SUNSET RD

City  
WINNETKAState  
ILZip Code  
60093-4124FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MARRIAGE THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222362

Amount of Each Receipt this Period

100.00

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

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Great Task**

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

**A. FINCH, KAREN, , ,**

Mailing Address 891 AVENIDA VALENCIA

City  
CAMARILLOState  
CAZip Code  
93012-0986FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222785

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FIORE, MARC, , ,**

Mailing Address 211 LAKE ROAD

City  
WEBSTERState  
NYZip Code  
14580-1013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221364

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. FORMAN, CHARLES, , ,**

Mailing Address 120 SEAVER STREET, B302

City  
BROOKLINEState  
MAZip Code  
02445-5719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222600

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GAAL, STEPHEN, , ,**

Mailing Address 113 NEWBURY ST UNIT 304

City  
PORTLANDState  
MEZip Code  
04101-6204FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222186

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. GEIER, ROBERT, , ,**

Mailing Address 414 BAILEY ST

City  
EAST LANSINGState  
MIZip Code  
48823-4403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICHIGAN STATE UNIVERSITYOccupation (for Individual)  
FACULTY

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  
03 / 06 / 2024

Transaction ID : SA11A.221852

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GEPHART, MARY STUART, , ,**

Mailing Address 211 WASHINGTON AVENUE

City  
SPRING LAKEState  
NJZip Code  
07762-1429FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RWJ UNIVERSITY HOSPITAL SOMERSETOccupation (for Individual)  
ONCOLOGY RESEARCH

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  
03 / 06 / 2024

Transaction ID : SA11A.221298

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 52 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GIARDINO, ANGELO, , DR.,**

Mailing Address 35 EAST 100 SOUTH APT 1903

City  
SALT LAKE CITYState  
UTZip Code  
84111-1989FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U OF UTAHOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221766

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. GILL, JOHN, , ,**

Mailing Address 26 PAMARON WAY

City  
NOVATOState  
CAZip Code  
94949-6263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TOWNSHIP BUILDING SERVICES, INC.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221707

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GONYEA, III, JOE, H., MR., III**

Mailing Address 2004 S MILITARY ROAD

City  
PORTLANDState  
ORZip Code  
97219-7996FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIMBER PRODUCTS COMPANYOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222531

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 53 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GORMAN, CRAIG, , ,**

Mailing Address 2373 BROADWAY

City  
NEW YORKState  
NYZip Code  
10024-2800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONFLUENCE GLOBAL CAPITALOccupation (for Individual)  
PARTNER

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  
03 / 06 / 2024

Transaction ID : SA11A.222681

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. GOTTSTEIN, SANDY, , ,**

Mailing Address 2808 DILIGENCE CIR

City  
ANCHORAGEState  
AKZip Code  
99515-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221567

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HALL, SUSAN, , ,**

Mailing Address 600 SPRING ROAD

City  
GLENVIEWState  
ILZip Code  
60025-4345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222722

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HAMPSON, GEOFF, , ,**

Mailing Address 82 NECK RD 1

City  
OLD LYMEState  
CTZip Code  
06371-1424FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SOMA GOLDOccupation (for Individual)  
CEO

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  
03 / 06 / 2024

Transaction ID : SA11A.222723

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HASSENFELT, STEPHEN, , ,**

Mailing Address 300 NORTH GREENE STREET

City  
GREENSBOROState  
NCZip Code  
27401-2266FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GRANVILLE CAPITAL, INC.Occupation (for Individual)  
BANKER

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  
03 / 06 / 2024

Transaction ID : SA11A.221935

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HAWKINS, COLE, , ,**

Mailing Address PO BOX 331

City  
LEE VININGState  
CAZip Code  
93541-0331FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222671

Amount of Each Receipt this Period

250.00

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HEIDRICH, GRANT, , ,**

Mailing Address 80 PROSPECT ST

City  
WOODSIDEState  
CAZip Code  
94062-3651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
FINANCE

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  
03 / 06 / 2024

Transaction ID : SA11A.222283

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUGHES, PATRICK, , ,**

Mailing Address 31 WIND TRACE CT

City  
SPRINGState  
TXZip Code  
77381-2651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HAYNES AND BOONEOccupation (for Individual)  
ATTORNEY

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  
03 / 06 / 2024

Transaction ID : SA11A.222705

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUNT, SAM, , ,**

Mailing Address 161 VIA PALMA

City  
PALM BEACHState  
FLZip Code  
33480-4921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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  
03 / 06 / 2024

Transaction ID : SA11A.221771

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 239  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. INFANTE, BEATRIZ, , ,**

Mailing Address 27664 VOGUE COURT

City  
LOS ALTOS HILLSState  
CAZip Code  
94022-3225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222707

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. JACOBSON , XEMA, , ,**

Mailing Address 3962 STEVEMARK LANE

City  
SPRING VALLEYState  
CAZip Code  
91977-1729FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222717

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KAKIS, ANTHONY, , ,**

Mailing Address 2009 CLARICE LANE

City  
BURLINGAMEState  
CAZip Code  
94010-5402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222690

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KATZ, ELIEZER, , ,**

Mailing Address 930 SOUTH BEND DR

City  
DURHAMState  
NCZip Code  
27713-7272FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
EGENESISOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222213

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. KATZMAN, BRUCE, , ,**

Mailing Address 5121 RANCHITO AVE

City  
LOS ANGELESState  
CAZip Code  
91423-1245FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222015

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KAVA, ALAN, , ,**

Mailing Address 225 CENTRAL PARK WEST

City  
NEW YORKState  
NYZip Code  
10024-6026FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222335

Amount of Each Receipt this Period

250.00

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. KELLNER, PETER, , MR.,**

Mailing Address 289 WELLESLEY STREET

City  
WESTONState  
MAZip Code  
02493-2621FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RICHMOND GLOBAL LLCOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222568

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. KOPPA, SCOTT, , ,**

Mailing Address 374 BEDENS BROOK RD

City  
SKILLMANState  
NJZip Code  
08558-2307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221357

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. KRENS, FRANK, , ,**

Mailing Address 727 FOREST ST

City  
WINDERMEREState  
FLZip Code  
34786-8761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221934

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

6250.00

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

FOR LINE NUMBER: PAGE 59 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KRESEK, ROBERT, , ,**

Mailing Address 13470 CARILLO LANE

City  
LOS ALTOS HILLSState  
CAZip Code  
94022-1902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221847

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. KRESS, WILLIAM A., , ,**

Mailing Address 92 MARKET ST

City  
ANNAPOLISState  
MDZip Code  
21401-2606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KRESS HAMMEN INCOccupation (for Individual)  
ATTORNEY

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  
03 / 06 / 2024

Transaction ID : SA11A.221767

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LARKIN, RICHARD, M., ,**

Mailing Address 13740 WOODHAVEN CIRCLE

City  
FORT MYERSState  
FLZip Code  
33905-5893FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEDGE SOLUTIONS, INCOccupation (for Individual)  
PRESIDENT

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  
03 / 06 / 2024

Transaction ID : SA11A.222365

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LINEBERGER, ROBIN, , ,**

Mailing Address 1159 ORLO DRIVE

City  
MCLEANState  
VAZip Code  
22102-1748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DELOITTEOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221996

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. LOUDER, LORRIE, , ,**

Mailing Address 8318 OXBOROUGH AV SO

City  
BLOOMINGTONState  
MNZip Code  
55437-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222744

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LUBBE, KLAUS, , ,**

Mailing Address 1100 AGASSIZ ST

City  
BETHLEHEMState  
NHZip Code  
03574-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIO X CELLOccupation (for Individual)  
PRESIDENT/FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221924

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

775.00

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

FOR LINE NUMBER: PAGE 61 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. LUBKE, SUE, , ,**

Mailing Address 1400 SOUTH WALL STREET

City  
BRADYState  
TXZip Code  
76825-6409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LUBKE'S CARS AND TRUCKSOccupation (for Individual)  
AUTO DEALER

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  
03 / 06 / 2024

Transaction ID : SA11A.222342

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. LYNDY, KRISTOFFER, , ,**

Mailing Address 1717 WEBSTER

City  
OAKLANDState  
CAZip Code  
94612-4324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221305

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MAGDSICK, JOHN, C., ,**

Mailing Address 2112 OLD NORTH SHORE RD

City  
DULUTHState  
MNZip Code  
55804-3363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221460

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. MARSH, MARISUE, , ,**

Mailing Address 1811 W OVERTON RD

City  
TUCSONState  
AZZip Code  
85704-8419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222665

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MASON, JOHN, , ,**

Mailing Address 23 MEETING PL CIR

City  
BOXFORDState  
MAZip Code  
01921-1637FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
INVESTOR

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  
03 / 06 / 2024

Transaction ID : SA11A.222410

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCGOFF, PETE, , ,**

Mailing Address 1330 MOUNTAIN VIEW BLVD.

City  
WALNUT CREEKState  
CAZip Code  
94596-6015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUBRIKOccupation (for Individual)  
ATTORNEY

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  
03 / 06 / 2024

Transaction ID : SA11A.221311

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

FOR LINE NUMBER: PAGE 63 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. MEMEGUZZI, ASHLYN, , ,**

Mailing Address 200 EMILY COURT

City  
FRANKLINState  
TNZip Code  
37064-2776FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BRISTOL DEVELOPMENT GROUPOccupation (for Individual)  
FOUNDER

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  
03 / 06 / 2024

Transaction ID : SA11A.222078

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MITCHELL, DONNA, , ,**

Mailing Address 3409 MORNING DOVE ROAD

City  
ROANOKEState  
VAZip Code  
24018-5057FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222381

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MOYLAN, BRENT, , ,**

Mailing Address 6019 EAST GRAND PRAIRIE DRIVE

City  
BOISEState  
IDZip Code  
83716-4700FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J.R. SIMPLOT COMPANYOccupation (for Individual)  
SVP & CFO

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  
03 / 06 / 2024

Transaction ID : SA11A.221711

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. MUNNE, SUSAN, , ,**

Mailing Address 1484 DRY CREEK ROAD

City  
SAN JOSEState  
CAZip Code  
95125-4616FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221372

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. PATTERSON, ANN, , ,**

Mailing Address 2714 N JUNETT ST, N/A

City  
TACOMAState  
WAZip Code  
98407-6373FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221638

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. PATTERSON, JEFF, , ,**

Mailing Address 8750 N CENTRAL EXPWY 1600

City  
DALLASState  
TXZip Code  
75231-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HARTLINE BARGER LLPOccupation (for Individual)  
LAWYER

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  
03 / 06 / 2024

Transaction ID : SA11A.221474

Amount of Each Receipt this Period

500.00

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

1000.00

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

FOR LINE NUMBER: PAGE 65 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. PAULSON, ERIK, , ,**

Mailing Address 5020 PINEY CREEK LANE

City  
DURHAMState  
NCZip Code  
27705-7904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DUKEOccupation (for Individual)  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222430

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. PLUMLEY, BEN, , ,**

Mailing Address 3324 HUNNICUTT LANE

City  
SACRAMENTOState  
CAZip Code  
95821-3518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNUVAT GLOBAL LLCOccupation (for Individual)  
GLOBAL HEALTH STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222706

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. POLLACK, GERALD, J., MR.,**

Mailing Address 7615 FOUNDERS WAY

City  
PONTE VEDRA BEACHState  
FLZip Code  
32082-1954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221995

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

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

FOR LINE NUMBER: PAGE 66 OF 239

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. RAINES, BARBARA, , ,**

Mailing Address 2453 LEE STREET ROAD

City  
AMERICUSState  
GAZip Code  
31709-9260FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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 |
| 03    |   | 06    |   | 2024        |

Transaction ID : SA11A.222578

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. REAGAN, ROBERT, , ,**

Mailing Address PO BOX 671194

City  
CHUGIAKState  
AKZip Code  
99567-1194FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 06    |   | 2024        |

Transaction ID : SA11A.222492

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. RELLER, WILLIAM, , ,**

Mailing Address 664 GILMAN ST

City  
PALO ALTOState  
CAZip Code  
94301-2528FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 06    |   | 2024        |

Transaction ID : SA11A.221897

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 67 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. ROBBINS, ELIZABETH, , ,**

Mailing Address 2659 GREEN STREET

City  
SAN FRANCISCOState  
CAZip Code  
94123-4606FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222315

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**B. RODRIGUEZ, ALEX, , ,**

Mailing Address 4596 NW 104TH AVE

City  
DORALState  
FLZip Code  
33178-2267FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
KEY LIME INTERACTIVEOccupation (for Individual)  
CFO

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  
03 / 06 / 2024

Transaction ID : SA11A.221743

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROLL, RICK, , ,**

Mailing Address 17436 BRIDGEFARMER BLVD

City  
PFLUGERVILLEState  
TXZip Code  
78660-3480FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222281

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

3250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 239  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SCHAPS, RICHARD, M., MR.,**

Mailing Address 631 ISLAND DRIVE

City  
PALM BEACHState  
FLZip Code  
33480-4744FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
VAN WAGNEROccupation (for Individual)  
ADV.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222533

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SELIGMAN, MARTIN, , ,**

Mailing Address 414 WARICK RD

City  
WYNNEWOODState  
PAZip Code  
19096-2336FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
UNIVERSITY OF PENNSYLVANIAOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221605

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHARPE, GEORGE, , ,**

Mailing Address 6100 QUAIL RUN

City  
FARMINGTONState  
NMZip Code  
87402-4971FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MERRION OIL & GASOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221600

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**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 Page

FOR LINE NUMBER: PAGE 69 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. SIEG, CAROLYN, , ,**

Mailing Address 5525 SUNSET DR.

City  
FLAGSTAFFState  
AZZip Code  
86004-3111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222226

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, VIRGINIA, , ,**

Mailing Address 3483 CORRALES RD

City  
CORRALESState  
NMZip Code  
87048-9137FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADELANTE CONSULTING, INC.Occupation (for Individual)  
ENVIRONMENTAL CONSULTANT

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  
03 / 06 / 2024

Transaction ID : SA11A.221773

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. STAFFORD, DONNA, , ,**

Mailing Address 16750 REMINGTON RD

City  
COLORADO SPRINGSState  
COZip Code  
80908-1608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221880

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. STARKER, B BOND, , ,**

Mailing Address PO BOX 809

City  
CORVALLISState  
ORZip Code  
97339-0809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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  
03 / 06 / 2024

Transaction ID : SA11A.221618

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. STRAUSS, REBECCA, , ,**

Mailing Address 1300 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20005-4161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FEDERAL CITY COUNCILOccupation (for Individual)  
POLICY ANALYST

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  
03 / 06 / 2024

Transaction ID : SA11A.221425

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SZYPERSKI, THOMAS, , ,**

Mailing Address 36 NORTH PARRISH DRIVE

City  
BUFFALOState  
NYZip Code  
14228-1477FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY AT BUFFALOOccupation (for Individual)  
PROFESSOR

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  
03 / 06 / 2024

Transaction ID : SA11A.222597

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 239  
(check only one)

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

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)

**The Great Task**

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

**A. THAYER, JOHN, , ,**

Mailing Address 4795 CAUGHLIN PARKWAY

City  
RENOState  
NVZip Code  
89519-1007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
CPA

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  
03 / 06 / 2024

Transaction ID : SA11A.221579

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. THEOBALD, SPRAGUE, , ,**

Mailing Address PO BOX 249

City  
HADLYMEState  
CTZip Code  
06439-0249FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222543

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. VALLADAO, KAREN, , ,**

Mailing Address 771 JOHNSTON STREET

City  
HALF MOON BAYState  
CAZip Code  
94019-1958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FRANK RIMERMAN CO LLPOccupation (for Individual)  
CPA

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  
03 / 06 / 2024

Transaction ID : SA11A.222775

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. VIOLA, DALE, , ,**

Mailing Address 76533 HWY 1082

City  
COVINGTONState  
LAZip Code  
70435-6715FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221985

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WEINBERG, RUSSELL, , ,**

Mailing Address 2651 NORTH HARWOOD STREET

City  
DALLASState  
TXZip Code  
75201-1513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENERGY CAPITAL SOLUTIONSOccupation (for Individual)  
FINANCE

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  
03 / 06 / 2024

Transaction ID : SA11A.222652

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. WESTLING, CLAY, , ,**

Mailing Address 342 N SIERRA AVE

City  
SOLANA BEACHState  
CAZip Code  
92075-1154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222370

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. WHITE EAGLE, WENDY K, , ,**

Mailing Address 41W382 BEITH RD

City  
ELBURNState  
ILZip Code  
60119-9529FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INSPIRE NOUS 3 LLCOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.222202

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WILLIAMS, MARK, , ,**

Mailing Address 2801 SCENIC DR

City  
AUSTINState  
TXZip Code  
78703-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221315

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. WILT, JACKIE, , ,**

Mailing Address 2 WATER PORT

City  
NEWPORT COASTState  
CAZip Code  
92657-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2024

Transaction ID : SA11A.221374

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

FOR LINE NUMBER: PAGE 74 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. WOODARD, WARDEN, L., MR.,**

Mailing Address 207 BELLE MEADE COURT

City  
WAXHAWState  
NCZip Code  
28173-6870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.222317

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WORTHINGTON, NORMAN, , ,**

Mailing Address 4074 ROBERTS POINT RD

City  
SIESTA KEYState  
FLZip Code  
34242-1162FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 06 / 2024

Transaction ID : SA11A.221587

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ZANDER, JEFFREY, , ,**

Mailing Address PO BOX 58248

City  
NASHVILLEState  
TNZip Code  
37205-8248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ZANDER INSURANCEOccupation (for Individual)  
BUSINESSOWNER

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  
03 / 06 / 2024

Transaction ID : SA11A.221656

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. ZWILLINGER, MARC, , ,**

Mailing Address 5506 CORNISH ROAD

City  
BETHESDAState  
MDZip Code  
20814-1008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ZWILLGEN PLLCOccupation (for Individual)  
FOUNDER AND MANAGING MEMBER

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  
03 / 06 / 2024

Transaction ID : SA11A.221494

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ALIFF, GREGORY, , ,**

Mailing Address 278 COOK STREET

City  
DENVERState  
COZip Code  
80206-5305FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GE ALIFF GROUP 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  
03 / 07 / 2024

Transaction ID : SA11A.223267

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ANGEL, ARNOLD, , ,**

Mailing Address 2661 QUINCY ADAMS DR.

City  
HERNDONState  
VAZip Code  
20171-2433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
X2I SYSTEMSOccupation (for Individual)  
SYSTEMS ENGINEERING

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  
03 / 07 / 2024

Transaction ID : SA11A.222971

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 76 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ANNIS, PHILIP, , ,**

Mailing Address 1205 GASTON AVENUE

City  
AUSTINState  
TXZip Code  
78703-2509FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
EMBREE DEVELOPMENT GROUP, INCOccupation (for Individual)  
CEO

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  
03 / 07 / 2024

Transaction ID : SA11A.224918

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**B. BAER, CYNTHIA, , ,**

Mailing Address 16 SPRING BROOK LANE

City  
MASHPEEState  
MAZip Code  
02635-2541FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223948

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. BAROI, ION, , ,**

Mailing Address 12 LOOKOUT CT

City  
GETTYSBURGState  
PAZip Code  
17325-6639FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
EXECUTIVE

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  
03 / 07 / 2024

Transaction ID : SA11A.222912

Amount of Each Receipt this Period

500.00

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

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. BARRERA, DAVID, , ,**

Mailing Address 6327 SUNSET HAVEN ST

City  
SAN ANTONIOState  
TXZip Code  
78249-2435FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224320

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BAUDREAU, JOHN, , ,**

Mailing Address 34 ARNOLD RD

City  
FORESTDALEState  
MAZip Code  
02644-1535FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223690

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BAUER, MICHAEL, , ,**

Mailing Address 12008 SOUTHWEST 51ST STREET

City  
MUSTANGState  
OKZip Code  
73064-7909FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CONTINENTAL RESOURCESOccupation (for Individual)  
GEOLOGIST

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  
03 / 07 / 2024

Transaction ID : SA11A.223169

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. BELL, STU, , ,**

Mailing Address 120 CANTERBURY LANE

City  
PALM BEACHState  
FLZip Code  
33480-3601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223493

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERGSTROM, HANS, , DR.,**

Mailing Address 7303 NE 8TH DR

City  
BOCA RATONState  
FLZip Code  
33487-2422FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
WRITER

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  
03 / 07 / 2024

Transaction ID : SA11A.223191

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BEVERLY, DOUGLAS, , ,**

Mailing Address 957 ELK GROVE LANE

City  
SOLVANGState  
CAZip Code  
93463-9608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223775

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BILLER, ALLAN, , ,**

Mailing Address 330 SOUTHWEST 43RD STREET

City  
RENTONState  
WAZip Code  
98057-4900FEC 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  
03 / 07 / 2024

Transaction ID : SA11A.223491

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BIREN, ELLEN, , ,**

Mailing Address 12 BEVERLY RD

City  
CHESTNUT HILLState  
MAZip Code  
02467-3102FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELFOccupation (for Individual)  
GENERAL CONTRACTOR

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  
03 / 07 / 2024

Transaction ID : SA11A.225377

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BISHOP, TOM, , ,**

Mailing Address 936 INTRACOASTAL DR

City  
FORT LAUDERDALEState  
FLZip Code  
33304-3640FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
THE BISHOP COMPANY,LLCOccupation (for Individual)  
LIFE INSURANCE BROKER

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  
03 / 07 / 2024

Transaction ID : SA11A.225265

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 80 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. BLAIR, AMANDA, , ,**

Mailing Address 61 SECOND NORTH ROAD

City  
BIG PINEYState  
WYZip Code  
83113-8811FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATIONAL UNIVERSITY OF SINGAPOREOccupation (for Individual)  
RESEARCHER

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  
03 / 07 / 2024

Transaction ID : SA11A.222868

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BOGGS, JENNIFER, , ,**

Mailing Address 200 NORTH BRUNER STREET

City  
HINSDALEState  
ILZip Code  
60521-3025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSKOccupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.228118

Amount of Each Receipt this Period

115.00

☐ Memo Item  
CONTRIBUTION

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

**C. BOGORAD, TERRY, , ,**

Mailing Address 32 PILGRIM WAY

City  
WAYNEState  
NJZip Code  
07470-2630FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224842

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

615.00

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

FOR LINE NUMBER: PAGE 81 OF 239

(check only one)

|                                                |                              |                              |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BONACCI, JOSEPH, , ,**

Mailing Address 1707

City  
POINT PLEASANT BORState  
NJZip Code  
08742-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MORGAN STANLEYOccupation (for Individual)  
FINANCIAL ADVISOR

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  
03 / 07 / 2024

Transaction ID : SA11A.223282

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BOUNDS, DAVID, MALCOLM, ,**

Mailing Address 10351 W ROSEWOOD DR

City  
AVONDALEState  
AZZip Code  
85392-4487FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224870

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. BOWERS, JOHN, , ,**

Mailing Address 522 TIDEWATER CHASE LANE

City  
SUMMERVILLEState  
SCZip Code  
29486-2403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224312

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 82 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. BOYER, ROBIN, , ,**

Mailing Address 4113 120TH PL SE

City  
EVERETTState  
WAZip Code  
98208-5348FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223116

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BRANIGAN, MATTHEW, , ,**

Mailing Address 326 HIGHVIEW ROAD

City  
NEW MARKETState  
VAZip Code  
22844-3505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225185

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BRAUER, STEPHEN, , ,**

Mailing Address 1260 BRENTFORD LANE

City  
NORTH WALESState  
PAZip Code  
19454-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHLEX TEKNOLOGIESOccupation (for Individual)  
OWNER

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  
03 / 07 / 2024

Transaction ID : SA11A.224076

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 83 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BRAUER, STEVEN, , ,**

Mailing Address 1438 3RD STREET

City  
CORONADOState  
CAZip Code  
92118-1904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225100

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BROCHSTEIN, MAURY, , ,**

Mailing Address 1354 SIERRA VISTA DRIVE

City  
ASPENState  
COZip Code  
81611-1043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224482

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROWN JR, THOMAS, , ,**

Mailing Address 13105 LUM CROWE ROAD

City  
ROSWELLState  
GAZip Code  
30075-6374FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225371

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

FOR LINE NUMBER: PAGE 84 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BURGESS, MICHAEL, , ,**

Mailing Address 8119 S JACKSON RD

City  
JACKSONState  
MIZip Code  
49201-9710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223798

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BURT, THOMAS, , ,**

Mailing Address 16835 DAVENPORT RD,

City  
DALLASState  
TXZip Code  
75248-1493FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHILDREN'S HEALTHOccupation (for Individual)  
HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224455

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CAIN, RICHARD, , ,**

Mailing Address 3702 SHREVE LANE

City  
MISSOURI CITYState  
TXZip Code  
77459-6258FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
VAULT PRESSURE CONTROLOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.222998

Amount of Each Receipt this Period

250.00

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. CARTER, J F, , ,**

Mailing Address 4008 LINDEN COURT

City  
FRANKLINState  
TNZip Code  
37069-8404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223973

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHESEBRO, MICHAEL, , ,**

Mailing Address 8589 BENNETT ST SE

City  
ADAState  
MIZip Code  
49301-9082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224435

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CHIRIKJIAN, CATHY, , ,**

Mailing Address 1235 28TH STREET NORTHWEST

City  
WASHINGTONState  
DCZip Code  
20007-3354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDVOTEK, INCOccupation (for Individual)  
BOOKKEEPER

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  
03 / 07 / 2024

Transaction ID : SA11A.222892

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. CILIAX, RICHARD, , ,**

Mailing Address 4010 HEATHERHILL DR. SE

City  
HUNTSVILLEState  
ALZip Code  
35802-1117FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.223750**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. CLODE, CHRISTIAN, , ,**

Mailing Address 11 COTONEASTER

City  
LITTLETONState  
COZip Code  
80127-4354FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.225319**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. COLI, MICHAEL, , ,**

Mailing Address 3280 CYPRESS MARSH DR

City  
FT MYERSState  
FLZip Code  
33905-6250FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.224004**

Amount of Each Receipt this Period

500.00

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. CONKLIN-VANKIRK, JOYCE, , ,**

Mailing Address 14686 IVY PLACE

City  
PERRYState  
IAZip Code  
50220-6355FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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 |
| 03    |   | 07    |   | 2024        |

**Transaction ID : SA11A.224913**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. COOPER, KATHLEEN, B., DR.,**

Mailing Address 5714 DEL ROY DR

City  
DALLASState  
TXZip Code  
75230-2966FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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 |
| 03    |   | 07    |   | 2024        |

**Transaction ID : SA11A.222874**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CORDEAU, DANIEL, , ,**

Mailing Address 8 AURORA LANE

City  
CONCORDState  
MAZip Code  
01742-3931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
K&SOccupation (for Individual)  
REAL ESTATE CONSULTING

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 |
| 03    |   | 07    |   | 2024        |

**Transaction ID : SA11A.223910**

Amount of Each Receipt this Period

500.00

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

1750.00

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

FOR LINE NUMBER: PAGE 88 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. CROSS, DON, , ,**

Mailing Address WEST LAKE ROAD

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

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224657

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. CURRY, MARILYN, , ,**

Mailing Address 24 NAVARRE

City  
IRVINEState  
CAZip Code  
92612-1721FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NIXON BENEFITSOccupation (for Individual)  
PARTNER AND CFO

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  
03 / 07 / 2024

Transaction ID : SA11A.223900

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. CUTTS, CRAWFORD, , ,**

Mailing Address 1621 LANDFALL DR.

City  
WILMINGTONState  
NCZip Code  
28405-4255FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223478

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00

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

FOR LINE NUMBER: PAGE 89 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. DAVIS, CONAN, , ,**

Mailing Address 10806 NORTH COYOTE LANE

City  
TUCSONState  
AZZip Code  
85742-8669FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
03 / 07 / 2024

Transaction ID : SA11A.223389

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAWKINS, JIM, , ,**

Mailing Address 799 WEILERS WAY

City  
PORT WASHINGTONState  
WIZip Code  
53074-9658FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EXCELION PARTNERS

Occupation (for Individual)

IT PROJECT MANAGER

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  
03 / 07 / 2024

Transaction ID : SA11A.224881

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEARING, GREG, , ,**

Mailing Address 5048 SOUTHERN PARKWAY

City  
LOUISVILLEState  
KYZip Code  
40214-1322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223156

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. DEARING, GREG, , ,**

Mailing Address 5048 SOUTHERN PARKWAY

City  
LOUISVILLEState  
KYZip Code  
40214-1322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.228219

Amount of Each Receipt this Period

115.00

☐ Memo Item  
CONTRIBUTION

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

**B. DICK, MARK, , ,**

Mailing Address 4908 LAKE VISTA DRIVE

City  
BENTONState  
ARZip Code  
72019-6024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223761

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. DIETRICH, SHEILA, , ,**

Mailing Address 2264 PROVENANCE COURT

City  
LONGMONTState  
COZip Code  
80504-3701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.225314

Amount of Each Receipt this Period

250.00

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

865.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. DINSMORE, JOHN, , ,**

Mailing Address 2107 5TH AVENUE NORTH, SUITE 100

City  
BIRMINGHAMState  
ALZip Code  
35203-3338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROPERTIES, LLCOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 07 / 2024

Transaction ID : SA11A.223221

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DITCHFIELD, JAMES, , ,**

Mailing Address 498 LAWYERSVILLE RD

City  
COBLESKILLState  
NYZip Code  
12043-6311FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
MAILHANDLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.222987

Amount of Each Receipt this Period

201.00

☐ Memo Item  
CONTRIBUTION

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

**C. DOBROTT, JOHN, , ,**

Mailing Address 615 VIA LIDO NORD

City  
NEWPORT BEACHState  
CAZip Code  
92663-5549FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONOR COMMERCIAL REAL ESTATEOccupation (for Individual)  
REAL ESTATE DEVELOPMENT

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  
03 / 07 / 2024

Transaction ID : SA11A.224884

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

951.00

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

FOR LINE NUMBER: PAGE 92 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. DORIS, ED, , ,**

Mailing Address P.O. BOX 640

City  
EXETERState  
NHZip Code  
03833-0640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
WHOLESALE DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223630

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DURAN, JOSE, , ,**

Mailing Address 31 SANDY LANE

City  
TUBACState  
AZZip Code  
85646-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223915

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. EVERBACH, O GEORGE, , ,**

Mailing Address 429 HIGHLAND AVENUE

City  
NEW ALBANYState  
INZip Code  
47150-5227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223056

Amount of Each Receipt this Period

1000.00

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. FERNANDEZ, LUIS, , MR.,**

Mailing Address 318 CARIBBEAN RD

City  
PALM BEACHState  
FLZip Code  
33480-3012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FLORIDA CRYSTALS CORP.Occupation (for Individual)  
CFO

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  
03 / 07 / 2024

Transaction ID : SA11A.222891

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. FLAHERTY, TOM, , ,**

Mailing Address 12 INVERNESS LN

City  
PLYMOUTHState  
MAZip Code  
02360-3176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223964

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FOLLWEILER, HEATHER, , ,**

Mailing Address 24504 KAYAKERS PATH

City  
MILLSBOROState  
DEZip Code  
19966-7192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223119

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

5750.00

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

FOR LINE NUMBER: PAGE 94 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. FOOKS, HENRY, , ,**

Mailing Address 107 THISTLEDOWN LN

City  
MORGANTOWNState  
WVZip Code  
26508-2424FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224060

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FREGEAU, JAMES, , ,**

Mailing Address P.O. BOX 246

City  
CLARENCE CENTERState  
NYZip Code  
14032-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 07 / 2024

Transaction ID : SA11A.223674

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GALLGHER, DUNCAN, , ,**

Mailing Address 3080 NORTHWEST 75TH PLACE

City  
ANKENYState  
IAZip Code  
50023-9430FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224762

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 95 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GARNER, CATHERINE, , ,**

Mailing Address 63896 EAST GREENBELT LANE

City  
TUCSONState  
AZZip Code  
85739-1247FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALDEN UNIVERSITYOccupation (for Individual)  
FACULTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223181

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. GATJANIS, CHRIS, , ,**

Mailing Address 2506 PEBBLE DR

City  
GRANBURYState  
TXZip Code  
76048-2619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224625

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. GIACOBBI, STEVEN, , ,**

Mailing Address PO BOX 8880

City  
KETCHUMState  
IDZip Code  
83340-7139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223644

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. GORMAN, LAURA, , ,**

Mailing Address 14985 30TH ST. N.

City  
STILLWATERState  
MNZip Code  
55082-1314FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.224360**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. GREENMYER, EDWARD, , ,**

Mailing Address P.O. BOX 931

City  
CONGRESSState  
AZZip Code  
85332-0931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STEWART HARDWAREOccupation (for Individual)  
OWNER

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  
03 / 07 / 2024**Transaction ID : SA11A.223842**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GRUVER, JOHN, , ,**

Mailing Address 11505 134TH AVE CT E

City  
PUYALLUPState  
WAZip Code  
98374-5034FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.224101**

Amount of Each Receipt this Period

250.00

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HALL, HARRY, , ,**

Mailing Address 208 CASCADIAN PL

City  
WINTHROPState  
WAZip Code  
98862-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223509

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMMOND, VIRGINIA, , ,**

Mailing Address 635 S ALTON WAY #12B

City  
DENVERState  
COZip Code  
80247-1763FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223401

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HANEY, BILL, , ,**

Mailing Address 61 LINCOLN ROAD

City  
WAYLANDState  
MAZip Code  
01778-1303FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
DRAGONFLYOccupation (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  
03 / 07 / 2024

Transaction ID : SA11A.223058

Amount of Each Receipt this Period

5000.00

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

6250.00

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

FOR LINE NUMBER: PAGE 98 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. HASCHKE, PAMELA, , ,**

Mailing Address 1 SOUTH HIGHLAND AVENUE

City  
ARLINGTON HEIGHTSState  
ILZip Code  
60005-1800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAVISTAR, INCOccupation (for Individual)  
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223770

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HASKELL, JEFFREY, , ,**

Mailing Address 33 EDWARDS AVE.

City  
SAUSALITOState  
CAZip Code  
94965-2513FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224626

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HASTINGS, STEVEN, , ,**

Mailing Address 1020 ALAMO DRIVE, SOUTHLAKE, TX, U

City  
SOUTHLAKEState  
TXZip Code  
76092-6220FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223651

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HAYDEN, RHAD, , ,**

Mailing Address 950 WOODGATE BLVD

City  
BATON ROUGEState  
LAZip Code  
70808-5457FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELFOccupation (for Individual)  
MD

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  
03 / 07 / 2024**Transaction ID : SA11A.224032**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HECKER, DAVID, , ,**

Mailing Address 14470 WOODLAWN CIR

City  
ELM GROVEState  
WIZip Code  
53122-1649FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024**Transaction ID : SA11A.223480**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HEINZ, TOM, L., MR.,**

Mailing Address 353 WEST SAWGRASS TRAIL

City  
DAKOTA DUNESState  
SDZip Code  
57049-5129FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HEINZ, INC.Occupation (for Individual)  
OWNER

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  
03 / 07 / 2024**Transaction ID : SA11A.224017**

Amount of Each Receipt this Period

500.00

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

1250.00

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

FOR LINE NUMBER: PAGE 100 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. HEMPHILL, ROSS, , ,**

Mailing Address 4N221 FERSON CREEK ROAD

City  
SAINT CHARLESState  
ILZip Code  
60174-1125FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RCHEMPHILL SOLUTIONSOccupation (for Individual)  
CONSULTANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223668

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HENGELSBERG, RICHARD, , ,**

Mailing Address 408 PRESTON DR

City  
BUTLERState  
PAZip Code  
16001-2934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224530

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HIGGINBOTHAM, PATRICIA, , ,**

Mailing Address 3616 MASON STREET

City  
FAIRFAXState  
VAZip Code  
22030-3213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEGLEY, HIGGINBOTHAM & ASSOCIATES, PLCOccupation (for Individual)  
ACCOUNTANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223859

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 101 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. HOFFMANN, BOB, L., ,**

Mailing Address 6434 E MERCER WAY

City  
MERCER ISLANDState  
WAZip Code  
98040-5131FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 07 / 2024

Transaction ID : SA11A.223281

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HOFFMAN, RANDALL, , ,**

Mailing Address 46 ORVIS STONE CIRCLE

City  
BILTMORE LAKEState  
NCZip Code  
28715-8455FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 07 / 2024

Transaction ID : SA11A.224311

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOGAN, CHRISTOPHER, , ,**

Mailing Address 226 GLEN AVENUE SOUTHWEST

City  
VIENNAState  
VAZip Code  
22180-6211FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 07 / 2024

Transaction ID : SA11A.223258

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**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 102 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. HOOPER, DAN, , ,**

Mailing Address 1503 LAKE EGRET DRIVE

City  
NORTH MYRTLE BEACHState  
SCZip Code  
29582-6173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224786

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUG, KATHRYN, , ,**

Mailing Address 9078 EAST SUMMIT ROAD

City  
PARKERState  
COZip Code  
80138-8250FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223990

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUGENBERGER, GORDON, , ,**

Mailing Address 80 HIGH ST

City  
GLOUCESTERState  
MAZip Code  
01930-1152FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.222968

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. HUTCHINS, FRED, , ,**

Mailing Address 77 ALGER ROAD

City  
STOWEState  
VTZip Code  
05672-4161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.222997

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUTTER, PAM, , ,**

Mailing Address 231 143RD STREET SOUTHEAST

City  
EVERETTState  
WAZip Code  
98208-7330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOEINGOccupation (for Individual)  
MANAGEMENT

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  
03 / 07 / 2024

Transaction ID : SA11A.225120

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. JANOUSH, JOE, , ,**

Mailing Address P.O. BOX 640

City  
ROSEDALEState  
MSZip Code  
38769-0640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JANTRAN INCOccupation (for Individual)  
MARINE ENGINEER

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  
03 / 07 / 2024

Transaction ID : SA11A.223605

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

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

FOR LINE NUMBER: PAGE 104 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. JEROME, SUSAN, , ,**

Mailing Address 55 GOATS PASS ROAD

City  
MULE CREEKState  
NMZip Code  
88051-9717FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224491

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. JOHNSON, CHARLOTTE, , ,**

Mailing Address 736 LAKE STREET

City  
SAN FRANCISCOState  
CAZip Code  
94118-1275FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224807

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. JONES, BARBARA, , ,**

Mailing Address 204 WICKLIFFE RD

City  
FRANKFORTState  
KYZip Code  
40601-8631FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224721

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. KAH, MARIANNE, , ,**

Mailing Address 223 NORTH GUADALUPE STREET

City  
SANTA FEState  
NMZip Code  
87501-1868FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224039

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. KALICK, THEODORE, , ,**

Mailing Address 4311 STANFORD ST.

City  
CHEVY CHASEState  
MDZip Code  
20815-5243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223610

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KAMM, MIKE, , ,**

Mailing Address 283 SUMMIT AVE

City  
MILL VALLEYState  
CAZip Code  
94941-1028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224336

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KAUFMAN, GREG, , ,**

Mailing Address 50 WESTVIEW ROAD

City  
MILLBURNState  
NJZip Code  
07078-1224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENDOOccupation (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  
03 / 07 / 2024

Transaction ID : SA11A.223035

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. KIM, JH, , ,**

Mailing Address MOLOKAI DR

City  
CYPRESSState  
CAZip Code  
90630-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QUALCOMMOccupation (for Individual)  
LAWYER

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  
03 / 07 / 2024

Transaction ID : SA11A.223921

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KITTENBRINK, DOUG, , ,**

Mailing Address 917 FIELD CLUB RD

City  
PITTSBURGHState  
PAZip Code  
15238-2128FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224971

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LANCASTER, KRAUSS, , ,**

Mailing Address 5017 CHESTNUT GROVE DRIVE

City  
CHAMPAIGNState  
ILZip Code  
61822-3323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELECTRUMOccupation (for Individual)  
OWNER

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  
03 / 07 / 2024

Transaction ID : SA11A.225332

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. LARSEN, CAROLYN, , ,**

Mailing Address 2681 W. ALICE DRIVE

City  
WEST JORDANState  
UTZip Code  
84088-8537FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224079

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. LAW, DALE, , ,**

Mailing Address 202 ANANIAS STREET

City  
TROYState  
ALZip Code  
36079-0016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223874

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. LEONARD, GERRI, , ,**

Mailing Address 5777 WEST CENTURY BOULEVARD

City  
LOS ANGELESState  
CAZip Code  
90045-5600FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
03 / 07 / 2024

Transaction ID : SA11A.223965

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. LEWIS, JONATHAN, , ,**

Mailing Address 6002 WINDHAVEN DRIVE

City  
WINDCRESTState  
TXZip Code  
78239-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ELDRED ROCK PARTNERS, LLC

Occupation (for Individual)

PORTFOLIO MANAGER

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  
03 / 07 / 2024

Transaction ID : SA11A.222954

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LINEBERGER, ROBIN, , ,**

Mailing Address 1159 ORLO DRIVE

City  
MCLEANState  
VAZip Code  
22102-1748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DELOITTE

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.225118

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. LONGENBAUGH, IRVIN, D., ,**

Mailing Address 3733 OTRA VEZ CT NW

City  
ALBUQUERQUEState  
NMZip Code  
87107-2475FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224795

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. LORSCH, JAY, , ,**

Mailing Address 108 WASHINGTON AVENUE

City  
CAMBRIDGEState  
MAZip Code  
02140-2708FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224702

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LUHMAN II, GERALD, , ,**

Mailing Address 6227 ANISE DRIVE

City  
SARASOTAState  
FLZip Code  
34238-5177FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223634

Amount of Each Receipt this Period

1000.00

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. MADISON, MARY, , ,**

Mailing Address 1032 BARKER ST., TRLR E

City  
STAFFORDState  
TXZip Code  
77477-6523FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224591

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MANCINI, RAYMOND, , ,**

Mailing Address 119 HOPKINS HILL ROAD

City  
WEST GREENWICHState  
RIZip Code  
02817-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223384

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MANDEL, WENDY, , ,**

Mailing Address 53408 BIA BELLAGIO

City  
LA QUINTAState  
CAZip Code  
92253-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224824

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

3250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

The Great Task

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

**A. MARGEVICIUS, JOSEPH, , ,**

Mailing Address 1112 GREENWOOD AVENUE

City  
PALO ALTOState  
CAZip Code  
94301-3410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225303

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. MAYER, JEFFREY, S., ,**

Mailing Address 765 VISTA GRANDE AVE

City  
LOS ALTOSState  
CAZip Code  
94024-3159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224141

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MAZO, MARK, , MR.,**

Mailing Address 3719 CARDIFF RD

City  
CHEVY CHASEState  
MDZip Code  
20815-5943FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOGAN LOVELLS US LLPOccupation (for Individual)  
ATTORNEY

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  
03 / 07 / 2024

Transaction ID : SA11A.222810

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. MCDONALD, STERLING, , ,**

Mailing Address 1111 BERING DRIVE

City  
HOUSTONState  
TXZip Code  
77057-2323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225220

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCHALE, BARRY, , ,**

Mailing Address 1521 MEADOWBROOK LN

City  
WEST CHESTERState  
PAZip Code  
19380-5917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223956

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCKINLAY, JAY, , ,**

Mailing Address 598 W 600 N

City  
RICHFIELDState  
UTZip Code  
84701-1717FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

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  
03 / 07 / 2024

Transaction ID : SA11A.224823

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. MCLEAN, NYRON, , ,**

Mailing Address 21448 DOUGLASIS COURT

City  
MORENO VALLEYState  
CAZip Code  
92557-8611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PLAN-IT LIFE, INC.Occupation (for Individual)  
CFO

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  
03 / 07 / 2024

Transaction ID : SA11A.224776

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. METZGER, BOBBIE, , ,**

Mailing Address 41 MOUNTAIN DRIVE

City  
WHEATLANDState  
WYZip Code  
82201-8666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223705

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MILLER, DOUGLAS, , ,**

Mailing Address 7131 ARLINGTON ROAD

City  
BETHESDAState  
MDZip Code  
20814-2903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SWIFT BUNNY LLCOccupation (for Individual)  
CHIEF RESEARCH OFFICER

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  
03 / 07 / 2024

Transaction ID : SA11A.224354

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. NASH, THOMAS, , ,**

Mailing Address 4216 REYNOLDS LANE

City  
PORT CHARLOTTEState  
FLZip Code  
33981-1536FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.222919

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. NEISTAT, RICHARD, , ,**

Mailing Address 10993 EAST CRESTLINE AVENUE

City  
ENGLEWOODState  
COZip Code  
80111-3802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTURY ENTERPRISESOccupation (for Individual)  
SCRAP STEEL BROKER

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  
03 / 07 / 2024

Transaction ID : SA11A.223573

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. NELSON, JAMES, , ,**

Mailing Address 2801 W. ASPEN CT.

City  
PLANOState  
TXZip Code  
75075-6420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224877

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. NELSON, RICHARD, , ,**

Mailing Address 796 HAVENVIEW COURT

City  
MENDOTA HEIGHTSState  
MNZip Code  
55120-1800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224474

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. NICOLAYSEN, PETER, , ,**

Mailing Address 2851 ARDON LN

City  
CASPERState  
WYZip Code  
82609-3900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLE CREEK SHEEP COMPANYOccupation (for Individual)  
RANCHER

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  
03 / 07 / 2024

Transaction ID : SA11A.223868

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAPATHANASIOU, NIKOS, , ,**

Mailing Address 53 IRVING AVENUE

City  
ENGLEWOOD CLIFFSState  
NJZip Code  
07632-1434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DELTA AIR LINES, INCOccupation (for Individual)  
FLIGHT ATTENDANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223270

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. PARMENTIER, TIMOTHY, , ,**

Mailing Address 1767 MARCY LYNN COURT

City  
SAN JOSEState  
CAZip Code  
95124-5718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224475

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. PASEUR, STANLEY, , ,**

Mailing Address 1004 SONYA LANE

City  
KINGSTON SPRINGSState  
TNZip Code  
37082-9097FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STRUCTURAL DESIGN GROUPOccupation (for Individual)  
ASSOCIATE PRINCIPAL

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  
03 / 07 / 2024

Transaction ID : SA11A.224364

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PEAK, MIKE, , ,**

Mailing Address 25522 NELLIE GAIL ROAD

City  
LAGUNA HILLSState  
CAZip Code  
92653-6122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225062

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. PERRY, WILLIAM, , ,**

Mailing Address 14301 N 87TH ST

City  
SCOTTSDALEState  
AZZip Code  
85260-3686FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
FARMER

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  
03 / 07 / 2024

Transaction ID : SA11A.224452

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PERRYMAN, ZACHARY, , ,**

Mailing Address 1617 DOLORES STREET

City  
SAN FRANCISCOState  
CAZip Code  
94110-4906FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EY LLPOccupation (for Individual)  
CONSULTANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223717

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. PETERSON, GARY, , ,**

Mailing Address 2990 EAST COUNTY ROAD 300 SOUTH

City  
VERSAILLESState  
INZip Code  
47042-8328FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEURAXISOccupation (for Individual)  
EXEC

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  
03 / 07 / 2024

Transaction ID : SA11A.224408

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 118 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. PETTY, JANE, , ,**

Mailing Address 4166 NAGLE AVE

City  
SHERMAN OAKSState  
CAZip Code  
91423-4342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224118

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PHILLIPS, GREGORY, , ,**

Mailing Address 322 BAILEY BUNKER CT.

City  
SAINT AUGUSTINEState  
FLZip Code  
32080-5808FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224342

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. PHILLIPS, PAIGE, , ,**

Mailing Address 701 EAST 8TH ST.

City  
HOUSTONState  
TXZip Code  
77007-1719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
ARCHITECT

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  
03 / 07 / 2024

Transaction ID : SA11A.224894

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 119 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. PRITCHARD, DAVID, , ,**

Mailing Address 428 BANBURY PLACE

City  
VALPARAISOState  
INZip Code  
46385-7713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224614

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. PURTOCK, ROBERT, , ,**

Mailing Address 675 LAC LA BELLE DRIVE

City  
OCONOMOWOCState  
WIZip Code  
53066-1501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PHYSICIAN

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  
03 / 07 / 2024

Transaction ID : SA11A.223407

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. REGALIA, DOUGLAS, , ,**

Mailing Address 103 TOWN AND COUNTRY DRIVE, SUITE

City  
DANVILLEState  
CAZip Code  
94526-3940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REGALIA & ASSOCIATES CPASOccupation (for Individual)  
CPA

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  
03 / 07 / 2024

Transaction ID : SA11A.225147

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 120 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. REIKENIS, RICHARD, , ,**

Mailing Address 801 SOUTH OLIVE AVENUE, SUITE 105

City  
WEST PALM BEACHState  
FLZip Code  
33401-6127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REIKENIS & ASSOCIATES, LLCOccupation (for Individual)  
ENGINEER

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  
03 / 07 / 2024

Transaction ID : SA11A.224790

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. REITER, DARLENE, , ,**

Mailing Address 6324 BANBURY STATION

City  
BRENTWOODState  
TNZip Code  
37027-8231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOWLBY & ASSOCIATES, INC.Occupation (for Individual)  
BUSINESS OWNER

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  
03 / 07 / 2024

Transaction ID : SA11A.223030

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. REYNOLDS, DON, , ,**

Mailing Address 1424 HEDGELAWN

City  
RALEIGHState  
NCZip Code  
27615-6909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYRICK ROBBINS YATES & PONTON LLPOccupation (for Individual)  
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  
03 / 07 / 2024

Transaction ID : SA11A.223343

Amount of Each Receipt this Period

5000.00

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

6250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. RIES, CATHERINE, , ,**

Mailing Address 2063 SOUTH PENROSE DRIVE

City  
GILBERTState  
AZZip Code  
85295-9116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIMPLY SHADINGOccupation (for Individual)  
SELF 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  
03 / 07 / 2024

Transaction ID : SA11A.225169

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. RISEN, JOHN, , ,**

Mailing Address 1310 COBURG ROAD, SUITE 1B

City  
EUGENEState  
ORZip Code  
97401-5217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JOHN RISEN, CPA, LLCOccupation (for Individual)  
CERTIFIED PUBLIC ACCOUNTANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223504

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. RITTER, JIM, , ,**

Mailing Address 1601 N 11TH STREET

City  
BOISEState  
IDZip Code  
83702-3508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225113

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ROBERTS, JANE, , ,**

Mailing Address 1447 BRYANT AVENUE

City  
WALLA WALLAState  
WAZip Code  
99362-9342FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223898

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ROEHL, ROBERT , , MR.,**

Mailing Address 11956 ROBERTA LN

City  
MARSHFIELDState  
WIZip Code  
54449-9598FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROEHL TRANSPORT, INC.Occupation (for Individual)  
CLAIM ADJUSTER

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  
03 / 07 / 2024

Transaction ID : SA11A.224308

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROOS, THOMAS, , ,**

Mailing Address 2660 WESTBERRY DRIVE

City  
SAN JOSEState  
CAZip Code  
95132-1771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223671

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 123 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SARACENO, JOHN, , ,**

Mailing Address 900 U.S. 9

City  
WOODBIDGE TOWNSHIState  
NJZip Code  
07095-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ONYX MANAGEMENT GROUPOccupation (for Individual)  
REAL ESTATE

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  
03 / 07 / 2024

Transaction ID : SA11A.222829

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SATHUE, ARMAND, , ,**

Mailing Address 2 ROADS END ROAD

City  
SOUTH SALEMState  
NYZip Code  
10590-2109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225035

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHMAL, MICHAEL, , ,**

Mailing Address 627 LEE STREET

City  
ORWIGSBURGState  
PAZip Code  
17961-1531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
M&Q PACKAGING , LLCOccupation (for Individual)  
PRESIDENT AND CEO

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  
03 / 07 / 2024

Transaction ID : SA11A.225028

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. SCHWARTZ, PAUL, , ,**

Mailing Address 5352 LOCKSLEY AVENUE

City  
OAKLANDState  
CAZip Code  
94618-1123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF CALIFORNIAOccupation (for Individual)  
COMMUNICATIONS DIRECTOR

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  
03 / 07 / 2024

Transaction ID : SA11A.225343

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. SEARLE, CLARK, , ,**

Mailing Address 5264 S ALVERA CIRCLE

City  
HOLLADAYState  
UTZip Code  
84117-7171FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 07 / 2024

Transaction ID : SA11A.224541

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHINER, JAMES A, , ,**

Mailing Address 118 RIVER RANCH CIR

City  
MARTINDALEState  
TXZip Code  
78655-3969FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
ENGINEER

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  
03 / 07 / 2024

Transaction ID : SA11A.224421

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SILLS, DEREK, , ,**

Mailing Address 170 BLUFF CREEK DR

City  
MIDWAYState  
GAZip Code  
31320-6572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HERITAGE GROUPOccupation (for Individual)  
INVESTMENT ADVISORY

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  
03 / 07 / 2024

Transaction ID : SA11A.222967

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. SMITH, CHANTAL, , ,**

Mailing Address 4849 JAMES AVE SOUTH

City  
MINNEAPOLISState  
MNZip Code  
55419-5235FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
HOROLOGIST

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  
03 / 07 / 2024

Transaction ID : SA11A.225060

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SORG, THOMAS, , ,**

Mailing Address 11174 DONLEY DR

City  
PARKERState  
COZip Code  
80138-8064FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223689

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SPRINGER, VANESSA, , ,**

Mailing Address 580 WATSON BAY

City  
STONE MOUNTAINState  
GAZip Code  
30087-6144FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.225016

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. STANFIELD, SIDNEY, , ,**

Mailing Address PO BOX 3788

City  
COVINGTONState  
LAZip Code  
70434-3788FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223722

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. STARR, JOHN, , ,**

Mailing Address 725 TIDES ROAD

City  
VERO BEACHState  
FLZip Code  
32963-1257FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MY BENEFITS, LLCOccupation (for Individual)  
EXECUTIVE

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  
03 / 07 / 2024

Transaction ID : SA11A.223157

Amount of Each Receipt this Period

250.00

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. STEINER, JP, , ,**

Mailing Address 68 MAJOR ROAD

City  
ROYERSFORDState  
PAZip Code  
19468-1180FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223297

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. STOUFFER, DONALD, , ,**

Mailing Address 3312 SOUTH COUNTRY CLUB WAY

City  
TEMPEState  
AZZip Code  
85282-5961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TSD#3Occupation (for Individual)  
TECHNICAL SUPPORT ASSISTANT

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  
03 / 07 / 2024

Transaction ID : SA11A.223152

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. TAFOYA, JASON, , ,**

Mailing Address 10700 NORTHEAST 4TH STREET

City  
BELLEVUEState  
WAZip Code  
98004-5945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
FINANCIAL PLANNER

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  
03 / 07 / 2024

Transaction ID : SA11A.223553

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 128 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. TALLER, MARTIN, , ,**

Mailing Address 16242 TYPHOON LN

City  
HUNTINGTON BEACHState  
CAZip Code  
92649-2542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224434

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. TAN, CLIFF, , ,**

Mailing Address 18111 DORCICH COURT

City  
SARATOGAState  
CAZip Code  
95070-4750FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.225247

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. TEAS, HOWARD, , ,**

Mailing Address 484 CHERRY AVE

City  
CHIMACUMState  
WAZip Code  
98325-9718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223708

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

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

FOR LINE NUMBER: PAGE 129 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. TERHUNE, MARK, , ,**

Mailing Address 6120 322ND STREET

City  
MURDOCKState  
NEZip Code  
68407-2514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.224294

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. THOMAS, JAMES, , ,**

Mailing Address 33 WOODS END RD

City  
NEW CANAANState  
CTZip Code  
06840-4030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THOMAS, MCNERNEYOccupation (for Individual)  
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223757

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. THURNHER, ERIK, , ,**

Mailing Address 230 LILLE LN, UNIT 313

City  
NEWPORT BEACHState  
CAZip Code  
92663-1610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERCER ADVISORSOccupation (for Individual)  
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223786

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 130 OF 239  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. TURNER, CHRISTOPHER, , ,**

Mailing Address 3101 SAWTELLE BLVD, 118

City  
LOS ANGELESState  
CAZip Code  
90066-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIOT GAMESOccupation (for Individual)  
SR. MANAGER, TALENT ACQUISITIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.225227

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. VITALE, PAUL, , ,**

Mailing Address 23 STONYBROOK DR

City  
ASHLANDState  
MAZip Code  
01721-1036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223301

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. WALLSCHLAEGER, SCOTT, , ,**

Mailing Address 5148 LONDON RD.

City  
DULUTHState  
MNZip Code  
55804-2413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MIDWEST PROFESSIONAL PLANNERS LTD.Occupation (for Individual)  
CEO

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  
03 / 07 / 2024

Transaction ID : SA11A.223745

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. WARREN, SCOTT, , ,**

Mailing Address 4230 CEDAR AVENUE

City  
LONG BEACHState  
CAZip Code  
90807-1920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.225084

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WEISSINGER, ELLEN, , ,**

Mailing Address 5330 NEW CASTLE ROAD

City  
LINCOLNState  
NEZip Code  
68516-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223549

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. WEISSINGER, ELLEN, , ,**

Mailing Address 5330 NEW CASTLE ROAD

City  
LINCOLNState  
NEZip Code  
68516-9277FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.228167

Amount of Each Receipt this Period

118.00

☐ Memo Item  
CONTRIBUTION

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

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

468.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. WELCH, PHILIP, , ,**

Mailing Address 18735 BRYANT ROAD

City  
LAKE OSWEGOState  
ORZip Code  
97034-7217FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SANDHURST APARTMENT MGT. LLCOccupation (for Individual)  
BUSINESS 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  
03 / 07 / 2024

Transaction ID : SA11A.222817

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. WHELAN, JOHN, , ,**

Mailing Address 1658 NORTH MILWAUKEE AVENUE

City  
CHICAGOState  
ILZip Code  
60647-6905FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

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  
03 / 07 / 2024

Transaction ID : SA11A.224947

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. WHITTIER, VALERIE, , ,**

Mailing Address 1110 NOBLE AVENUE

City  
LANTANAState  
TXZip Code  
76226-7351FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.224618

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

6500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

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

**A. WINSTON, DOROTHY, , ,**

Mailing Address 123 LAKESHORE DRIVE

City  
NORTH PALM BEACHState  
FLZip Code  
33408-3614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223787

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. WOOD, MARSHALL, , ,**

Mailing Address 21 LONDON HILL LANE

City  
NORWELLState  
MAZip Code  
02061-2396FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
MUSICIAN

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  
03 / 07 / 2024

Transaction ID : SA11A.224846

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. YOUD, DANIEL, , ,**

Mailing Address 1969 S. RIVERSIDE DR

City  
BELOITState  
WIZip Code  
53511-2963FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELOIT COLLEGEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.223879

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

850.00

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

FOR LINE NUMBER: PAGE 134 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. YOUD, DANIEL, , ,**

Mailing Address 1969 S. RIVERSIDE DR

City  
BELOITState  
WIZip Code  
53511-2963FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BELOIT COLLEGEOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2024

Transaction ID : SA11A.228166

Amount of Each Receipt this Period

169.00

☐ Memo Item  
CONTRIBUTION

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

**B. YOUNG, SHERMAN, , ,**

Mailing Address 9872 HIDDEN DRIVE

City  
HIGHLANDState  
UTZip Code  
84003-9136FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 07 / 2024

Transaction ID : SA11A.223236

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ZUKIN, CHRIS, , MR.,**

Mailing Address P.O. BOX 2092

City  
THE DALLESState  
ORZip Code  
97058-8014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JR ZUKIN CORP DBA MEADOW OUTDOOR ADVOccupation (for Individual)  
MANAGER

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  
03 / 07 / 2024

Transaction ID : SA11A.225300

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1169.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ZWERLING, CRAIG, , ,**

Mailing Address 640 WEST 237TH STREET

City  
BRONXState  
NYZip Code  
10463-1440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IANTHUS CAPITAL MANAGEMENT LLCOccupation (for Individual)  
FINANCE

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  
03 / 07 / 2024

Transaction ID : SA11A.224465

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ADAMS, ALEX, , ,**

Mailing Address 21 UTICA ROAD

City  
EVESHAMState  
NJZip Code  
08053-3908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225698

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ALEXANDER, HELEN, , ,**

Mailing Address 2905 PEBBLE LANE

City  
LAWRENCEState  
KSZip Code  
66047-3030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225639

Amount of Each Receipt this Period

500.00

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

1750.00

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

FOR LINE NUMBER: PAGE 136 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. ALEXANDER, RON, , ,**

Mailing Address 3280 HISTORY DRIVE

City  
OAKTONState  
VAZip Code  
22124-2252FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225659

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. ASHWORTH, BRENDA, , ,**

Mailing Address PO BOX 3132

City  
ALPINEState  
WYZip Code  
83128-0132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TERRAWEST CONSULTINGOccupation (for Individual)  
GEOLOGIST

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  
03 / 08 / 2024

Transaction ID : SA11A.225868

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BAILEY, MICHELLE, , ,**

Mailing Address 1940 FULHAM ST

City  
ROSEVILLEState  
MNZip Code  
55113-5118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225764

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. BENNION, LINDA, , ,**

Mailing Address 3106 WEST MILLCREEK ROAD

City  
PLEASANT GROVEState  
UTZip Code  
84062-8790FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225592

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERRY, JOHN, , ,**

Mailing Address 28152 FESTIVO

City  
MISSION VIEJOState  
CAZip Code  
92692-2616FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225653

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROWN, TOM, , ,**

Mailing Address 600 DARTMOOR WAY SW, OCEAN ISLE BE

City  
OCEAN ISLE BEACHState  
NCZip Code  
28469-7315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225581

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 138 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. CANTER, ROBERT, , ,**

Mailing Address 2058 LAKE END ROAD

City  
MERRICKState  
NYZip Code  
11566-5012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITYMDOccupation (for Individual)  
PHYSICIAN

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  
03 / 08 / 2024

Transaction ID : SA11A.225507

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHAMPNESS, MICHAEL, , ,**

Mailing Address 1311 TITANIA LANE

City  
MCLEANState  
VAZip Code  
22102-2750FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNITED STATES GOVERNMENTOccupation (for Individual)  
FEDERAL EMPLOYEE

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  
03 / 08 / 2024

Transaction ID : SA11A.225723

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. CLARK, CHRISTOPHER, , ,**

Mailing Address 3560 HUGHES AVE APT 103

City  
LOS ANGELESState  
CAZip Code  
90034-8201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

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  
03 / 08 / 2024

Transaction ID : SA11A.225626

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 139 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. CLARK, JAMES, , ,**

Mailing Address 14760 OAK RIDGE COURT, ROGERS, MN,

City  
ROGERSState  
MNZip Code  
55374-8829FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLIANCE LOGISTICS CONSULTINGOccupation (for Individual)  
PRESIDENT

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  
03 / 08 / 2024

Transaction ID : SA11A.225662

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DAHL, JAMES, , ,**

Mailing Address P.O. BOX 1317

City  
WARD COVEState  
AKZip Code  
99928-1317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PROPERTY MGR

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  
03 / 08 / 2024

Transaction ID : SA11A.225745

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEWBREY, DIANE, , ,**

Mailing Address 217 PRAIRIE GLEN WAY

City  
BELGRADEState  
MTZip Code  
59714-9306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225648

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 140 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. DINGMAN, WILLIAM, , ,**

Mailing Address 876 CENTER POINT RIVER ROAD

City  
KERRVILLEState  
TXZip Code  
78028-8012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225490

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. DIXON, PAT, , ,**

Mailing Address PO BOX 389

City  
MASONState  
TXZip Code  
76856-0389FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USC/CANTERBURY CORPOccupation (for Individual)  
PRESIDENT

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  
03 / 08 / 2024

Transaction ID : SA11A.225591

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. FIORIO, ANN, , ,**

Mailing Address 150 E. CAMPBELL AVE

City  
CAMPBELLState  
CAZip Code  
95008-2045FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CALIFORNIA CONTRACT & HOME INC.Occupation (for Individual)  
OWNER

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  
03 / 08 / 2024

Transaction ID : SA11A.225413

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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 141 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. FLORES, MICHAEL, , ,**

Mailing Address 59 DANDELION DRIVE

City  
SANTA ROSA BEACHState  
FLZip Code  
32459-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225631

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. FULLER, GERALD, , ,**

Mailing Address 131 FIVE OAKS DRIVE

City  
SAN ANTONIOState  
TXZip Code  
78209-2405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225690

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GORDON, EDWARD, , ,**

Mailing Address 32719 MEADOW BRANCH DR

City  
LAURELState  
DEZip Code  
19956-4338FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225784

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 142 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GROUX, NICOLE, , ,**

Mailing Address 24372 BORREGO CT

City  
LAGUNA NIGUELState  
CAZip Code  
92677-7009FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225416

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. HODGES, CYNTHIA, , ,**

Mailing Address 1921 EMMA LONG ST

City  
AUSTINState  
TXZip Code  
78723-5391FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225624

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HODGES, STEVE, , ,**

Mailing Address 1921 EMMA LONG ST

City  
AUSTINState  
TXZip Code  
78723-5391FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225694

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. JOHNSON-DULL, ELAINE, , ,**

Mailing Address 260 BEACHWAY DR

City  
PALM COASTState  
FLZip Code  
32137-8673FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225628

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. KANTER, BRAD, , ,**

Mailing Address 15003 OTTO ROAD

City  
TAMPAState  
FLZip Code  
33624-2206FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KANTEROccupation (for Individual)  
FORENSIC CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225430

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. KARICKHOFF, ALFRED, , ,**

Mailing Address 3 AVENIDA MALAGUENA

City  
SANTA FEState  
NMZip Code  
87506-2193FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225570

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. KEEP, SCOTT, , ,**

Mailing Address 140 ELEVENTH STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-3911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225830

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. KING, PAUL, , ,**

Mailing Address 3194 STATE HIGHWAY 11

City  
KENNEDYState  
MNZip Code  
56733-9516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN CRYSTAL SUGAR COMPANYOccupation (for Individual)  
ENVIRONMENTAL ENGINEER

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  
03 / 08 / 2024

Transaction ID : SA11A.225840

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. LATSHAW, SAM, , ,**

Mailing Address 601 W. 67TH STREET

City  
KANSAS CITYState  
MOZip Code  
64113-1914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225389

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LOVE, JUDY, , ,**

Mailing Address 1630 HAWTHORNE STREET

City  
SARASOTAState  
FLZip Code  
34239-2105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225848

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MARCHAND, R, RICHARD, ,**

Mailing Address 1012 W BAYFRONT PKWY #222

City  
ERIEState  
PAZip Code  
16507-2324FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225605

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MINTER, JOHN, , ,**

Mailing Address 3603 NORWICH ROAD

City  
NEW BERNState  
NCZip Code  
28562-5123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEYERHAEUSEROccupation (for Individual)  
FORESTER

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  
03 / 08 / 2024

Transaction ID : SA11A.225532

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. MUSSELMAN, SHARON, , ,**

Mailing Address 172 SAGAMORE ROAD

City  
RYEState  
NHZip Code  
03870-2025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225429

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. PANKOW, JAMES, , ,**

Mailing Address 12450 NW HARTFORD ST

City

PORTLAND

State

OR

Zip Code

97229-3778

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PORTLAND STATE UNIVERSITYOccupation (for Individual)  
PROFESSOR

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  
03 / 08 / 2024

Transaction ID : SA11A.225625

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PARKER, BILL, , ,**

Mailing Address 5961 RIDGE LN

City

CASPER

State

WY

Zip Code

82601-6444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225521

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

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

FOR LINE NUMBER: PAGE 147 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. PARKER, JOHN, , ,**

Mailing Address 6 MICHAEL WAY

City  
PENNINGTONState  
NJZip Code  
08534-9606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225546

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. PARKER, JOHN, , ,**

Mailing Address 6 MICHAEL WAY

City  
PENNINGTONState  
NJZip Code  
08534-9606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.228054

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

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

**C. PERKOSKI, MARK, , ,**

Mailing Address 18160 BUCKINGHAM AVE

City  
BEVERLY HILLSState  
MIZip Code  
48025-3106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDWARD ROSE & SONSOccupation (for Individual)  
DIRECTOR OF LAND ACQUISITION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225837

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

805.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. RANDALL, ELIZABETH, , ,**

Mailing Address 342 WHITEWATER CIRCLE

City  
WILLISTONState  
VTZip Code  
05495-7523FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225565

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTION

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

**B. SAVRE, RUSS, , ,**

Mailing Address 111 LEGACY LANE

City  
111 LEGACY LANE, DState  
NCZip Code  
27713-9019FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225669

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. SCHROEDER, CHUCK, , ,**

Mailing Address 476 B RD

City  
EAGLEState  
NEZip Code  
68347-8816FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SCHROEDER FINE ARTOccupation (for Individual)  
ARTIST

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  
03 / 08 / 2024

Transaction ID : SA11A.225763

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 149 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SPRINGER, VANESSA, , ,**

Mailing Address 580 WATSON BAY

City  
STONE MOUNTAINState  
GAZip Code  
30087-6144FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.228098

Amount of Each Receipt this Period

101.00

☐ Memo Item  
CONTRIBUTION

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

**B. STACHEL, RANDALL, , ,**

Mailing Address 305 JEFFERSON LANE

City  
CRANBERRY TWPState  
PAZip Code  
16066-2416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225638

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SWEENEY, PATRICIA, , ,**

Mailing Address PO BOX 720

City  
BRANCHVILLEState  
NJZip Code  
07826-0720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 08 / 2024

Transaction ID : SA11A.225485

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

451.00

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 150 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. TURNER, CHRISTOPHER, , ,**

Mailing Address 3101 SAWTELLE BLVD, 118

City  
LOS ANGELESState  
CAZip Code  
90066-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIOT GAMESOccupation (for Individual)  
SR. MANAGER, TALENT ACQUISITIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.228053

Amount of Each Receipt this Period

34.00

☐ Memo Item  
CONTRIBUTION

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

**B. TURNER, CHRISTOPHER, , ,**

Mailing Address 3101 SAWTELLE BLVD, 118

City  
LOS ANGELESState  
CAZip Code  
90066-1415FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIOT GAMESOccupation (for Individual)  
SR. MANAGER, TALENT ACQUISITIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.228086

Amount of Each Receipt this Period

88.00

☐ Memo Item  
CONTRIBUTION

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

**C. VAN CLEAVE, MICHELLE, , ,**

Mailing Address 413 D ST. SE

City  
WASHINGTONState  
DCZip Code  
20003-2054FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225799

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

622.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. VAN DER HEIDE, DOUGLAS, , ,**

Mailing Address 10 EAST 85TH ST 5A

City  
NEW YORKState  
NYZip Code  
10028-0412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225617

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. WARREN, SCOTT, , ,**

Mailing Address 4230 CEDAR AVENUE

City  
LONG BEACHState  
CAZip Code  
90807-1920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.228094

Amount of Each Receipt this Period

61.00

☐ Memo Item  
CONTRIBUTION

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

**C. WOLFORD, JEFFREY, , ,**

Mailing Address 17429 NE 119TH WAY

City  
REDMONDState  
WAZip Code  
98052-2836FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFTOccupation (for Individual)  
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

Transaction ID : SA11A.225379

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

811.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. ALLEY, JAMES, , ,**

Mailing Address 1400 N SWEETZER AVE, APT 404

City  
WEST HOLLYWOODState  
CAZip Code  
90069-1541FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NIKEOccupation (for Individual)  
OPERATIONS DIRECTOR

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  
03 / 09 / 2024

Transaction ID : SA11A.225990

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BOYLE, CORNELIA, , ,**

Mailing Address P.O. BOX 444

City  
NEW LONDONState  
NHZip Code  
03257-0444FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226075

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. COLE, JAMES, , ,**

Mailing Address 10 BROOKWOOD RD

City  
SOUTH ORANGEState  
NJZip Code  
07079-1306FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MERRILL LYNCHOccupation (for Individual)  
FINANCIAL ADVISOR

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  
03 / 09 / 2024

Transaction ID : SA11A.225913

Amount of Each Receipt this Period

250.00

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

2250.00

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

FOR LINE NUMBER: PAGE 153 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. COOK, ANDREW, , ,**

Mailing Address 564 TIPPLE AVE

City  
DURANGOState  
COZip Code  
81301-7892FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VITAL HEALTH INSTITUTEOccupation (for Individual)  
PHYSICIAN

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  
03 / 09 / 2024

Transaction ID : SA11A.225921

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. CURRY, DWIGHT, , ,**

Mailing Address 2323 S 40TH ST

City  
FORT SMITHState  
ARZip Code  
72903-3409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE INVESTMENTS

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  
03 / 09 / 2024

Transaction ID : SA11A.226059

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. DURFEE, DAVID, , ,**

Mailing Address 257 CLINTON PARK

City  
SAN FRANCISCOState  
CAZip Code  
94103-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAY COMPUTER ASSOCIATESOccupation (for Individual)  
ENGINEER

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  
03 / 09 / 2024

Transaction ID : SA11A.225939

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 154 OF 239  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Great Task**

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

**A. FIGUEROA, CARLOS, , ,**

Mailing Address 1785 WEDGEWOOD DRIVE

City  
GREENWOODState  
INZip Code  
46143-8412FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BUCHANAN GROUP INC.Occupation (for Individual)  
SR VICE PRESIDENT/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.226086

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. GENTRY, LYNN, , ,**

Mailing Address 555 N MAIN ST

City  
CENTERVILLEState  
UTZip Code  
84014-1802FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CHURCH OF JESUS CHRIST OF LATTER DOccupation (for Individual)  
DATA ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.226050

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GERTH, JENNIFER, L., ,**

Mailing Address 3986 NORTHWEST 84TH PLACE

City  
GAINESVILLEState  
FLZip Code  
32653-0050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.226074

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 155 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. GILROY, JOHN, , ,**

Mailing Address 2118 LA ROCHELLE DRIVE

City  
TALLAHASSEEState  
FLZip Code  
32308-5809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.225914

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAYNES, JORDAN, , ,**

Mailing Address 13 BEACH PARK ROAD

City  
CLINTONState  
CTZip Code  
06413-2706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.225928

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. HRYNIEWICKI, STEPHEN, , ,**

Mailing Address 2010 N. VICTORIA DRIVE

City  
SANTA ANAState  
CAZip Code  
92706-2514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.225976

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

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

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 156 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. JOHNSON, CLAY, , ,**

Mailing Address 788 TITUS AVE

City  
ROCHESTERState  
NYZip Code  
14617-3931FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

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  
03 / 09 / 2024

Transaction ID : SA11A.226084

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. KETTNER, KENNETH, , ,**

Mailing Address 1720 UPLAND RD

City  
WEST PALM BEACHState  
FLZip Code  
33409-6426FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ELECTRICAL CONSULTING SERVICES, INC.Occupation (for Individual)  
CONTRACTOR

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  
03 / 09 / 2024

Transaction ID : SA11A.226028

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEHMAN, DOUG, , ,**

Mailing Address 229 HAMILTON FOREST COVE

City  
FORT WAYNEState  
INZip Code  
46814-8948FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226021

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. LEVY, LISA, , ,**

Mailing Address 521 WEST 23RD STREET

City  
NEW YORKState  
NYZip Code  
10011-1105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226015

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. M HAPPY, PEGGY, , ,**

Mailing Address 168 CHURCH DRIVE

City  
CROSSVILLEState  
TNZip Code  
38571-8283FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226026

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. MANZI, TRACY, , ,**

Mailing Address 8724 HOOPLA WAY

City  
COLORADO SPRINGSState  
COZip Code  
80924-5226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.226017

Amount of Each Receipt this Period

250.00

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. MANZI, TRACY, , ,**

Mailing Address 8724 HOOPLA WAY

City  
COLORADO SPRINGSState  
COZip Code  
80924-5226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.228037

Amount of Each Receipt this Period

61.00

☐ Memo Item  
CONTRIBUTION

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

**B. METEER, JAMES, , ,**

Mailing Address 1359 WELLINGTON VIEW PLACE

City  
WILDWOODState  
MOZip Code  
63005-6322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225969

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MITCHELL, MARTIN, , ,**

Mailing Address 1728 HAVEN DALE COURT

City  
SALT LAKE CITYState  
UTZip Code  
84121-6520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (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  
03 / 09 / 2024

Transaction ID : SA11A.225993

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

5561.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. MOYSE, RICHARD, , ,**

Mailing Address 8 CIRCUIT DRIVE

City  
STOWState  
MAZip Code  
01775-1350FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226079

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. NOSKI, CHARLES, , ,**

Mailing Address 2908 PASEO DEL MAR

City

PALOS VERDES ESTAT

State

CA

Zip Code

90274-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.226085

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. QUADRACCI, MARIO, , ,**

Mailing Address 2730 E MENLO BLVD

City

MILWAUKEE

State

WI

Zip Code

53211-2650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225962

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. ROGERS, PRISCILLA, , ,**

Mailing Address 804 FITZGERALD STREET

City  
BANGSState  
TXZip Code  
76823-3218FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225884

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. SAADA, ELIZA, , ,**

Mailing Address 48000 MATHER LANE

City  
HUNTING VALLEYState  
OHZip Code  
44022-4035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225966

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. SEPRI, PAAVO, , ,**

Mailing Address 6241 TREETOP DR

City  
MELBOURNE BCHState  
FLZip Code  
32951-3795FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225935

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SNELL, CYNTHIA, , ,**

Mailing Address 1630 30TH ST., SUITE A-591

City  
BOULDERState  
COZip Code  
80301-1044FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225877

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. TRUJILLO, JANET, , ,**

Mailing Address 3100 N OCEAN BLVD

City

FORT LAUDERDALE

State

FL

Zip Code

33308-7116

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

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  
03 / 09 / 2024

Transaction ID : SA11A.225903

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. TYSON, JON, , ,**

Mailing Address 444 NIU STREET

City

HONOLULU

State

HI

Zip Code

96815-1830

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
UNEMPLOYEDOccupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2024

Transaction ID : SA11A.226022

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTION

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

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

1850.00

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

FOR LINE NUMBER: PAGE 162 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. UEBEL, RONALD, , ,**

Mailing Address 19 LAKESHORE DR

City  
SHALIMARState  
FLZip Code  
32579-2209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE BOEING COMPANYOccupation (for Individual)  
ENGINEER

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  
03 / 09 / 2024

Transaction ID : SA11A.225975

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. VAN MORRELGEM, FRANK, , ,**

Mailing Address 154 CHRISTOPHER ST

City  
MONTCLAIRState  
NJZip Code  
07042-4200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 09 / 2024

Transaction ID : SA11A.226068

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. WOLK, BRAD, , ,**

Mailing Address 13620 GULF BOULEVARD

City  
MADEIRA BEACHState  
FLZip Code  
33708-2599FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 09 / 2024

Transaction ID : SA11A.225944

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BISHOP, THOMAS, , ,**

Mailing Address 1827 GREENWOOD RD

City  
ROANOKEState  
VAZip Code  
24015-2819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARLION CLINICOccupation (for Individual)  
PHYSICIAN

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  
03 / 10 / 2024

Transaction ID : SA11A.226228

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. BOXELL, TAD, , ,**

Mailing Address 12973 SE KRONAN DR

City  
CLACKAMASState  
ORZip Code  
97015-9276FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DOLLAR CAR RENTALOccupation (for Individual)  
DRIVER

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  
03 / 10 / 2024

Transaction ID : SA11A.226253

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. BROLASKI, LIZ, , ,**

Mailing Address 3488 FORTUNA RANCH ROAD

City  
ENCINITASState  
CAZip Code  
92024-5706FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024

Transaction ID : SA11A.226188

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. BURNETT, KEVIN, , ,**

Mailing Address 187 E SKY LIGHT ST

City  
ORO VALLEYState  
AZZip Code  
85737-7904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024

Transaction ID : SA11A.226261

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. COLE, ROBERT, , ,**

Mailing Address 104 GLENWOOD RD.

City  
RIDGEWOODState  
NJZip Code  
07450-1313FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CITIGROUPOccupation (for Individual)  
CHIEF COMPLIANCE OFFICER, WEA

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  
03 / 10 / 2024

Transaction ID : SA11A.226133

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. GORDON, JOHN, , ,**

Mailing Address 6869 ROLLING VIEW DRIVE

City  
TOBACCOVILLEState  
NCZip Code  
27050-9681FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024

Transaction ID : SA11A.226241

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. GRANDY, CHRISTOPHER, , ,**

Mailing Address 94-784 HAAKOA PLACE

City  
WAIPAHUState  
HIZip Code  
96797-3136FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024**Transaction ID : SA11A.226285**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMRICK, STEVEN, , ,**

Mailing Address 1157 LAUREL PARK ROAD

City  
CLARKSBURGState  
WVZip Code  
26301-6985FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024**Transaction ID : SA11A.226151**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. JAQUETTE, GEORGE, , ,**

Mailing Address 3365 KENNETH DRIVE

City  
PALO ALTOState  
CAZip Code  
94303-4216FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024**Transaction ID : SA11A.226189**

Amount of Each Receipt this Period

250.00

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. JIANG, HAIFENG, , ,**

Mailing Address 331 E EDITH AVE

City  
LOS ALTOSState  
CAZip Code  
94022-3848FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GOOGLEOccupation (for Individual)  
SOFTWARE ENGINEER

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  
03 / 10 / 2024

Transaction ID : SA11A.226198

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. KAMNIKAR, PAUL, , ,**

Mailing Address 25209 N 43RD DR

City  
PHOENIXState  
AZZip Code  
85083-2432FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
OLDCASTLEOccupation (for Individual)  
SENIOR MANAGER

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  
03 / 10 / 2024

Transaction ID : SA11A.226158

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. NAPOLI, DANIEL, , ,**

Mailing Address 47 GARFIELD AVENUE

City  
SAYVILLEState  
NYZip Code  
11782-2612FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024

Transaction ID : SA11A.226124

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

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

**A. POLIS, NANCY, , ,**

Mailing Address 1210 GLOURIE DR

City  
HOUSTONState  
TXZip Code  
77055-6716FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024**Transaction ID : SA11A.226196**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. POOL, JENNIFER, FINNEGAN, ,**

Mailing Address 10131 SOUTH DALZELL ROAD

City  
TRAVERSE CITYState  
MIZip Code  
49684-7718FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SINGLE MOMMOccupation (for Individual)  
FOUNDER/EXECUTIVE DIRECTOR N

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  
03 / 10 / 2024**Transaction ID : SA11A.226180**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. PRESTON, MARTHA, , ,**

Mailing Address PO BOX 35

City  
BONDURANTState  
WYZip Code  
82922-0035FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
JACKSON HOLE AIRPORTOccupation (for Individual)  
SUPERVISORY TRANSPORTATION S

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  
03 / 10 / 2024**Transaction ID : SA11A.226160**

Amount of Each Receipt this Period

500.00

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

1750.00

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

FOR LINE NUMBER: PAGE 168 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

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

**A. SINGLETON, AMY, , ,**

Mailing Address 3872 WINDROSE LANE NORTHEAST

City  
MARIETTAState  
GAZip Code  
30062-5188FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
03 / 10 / 2024

Transaction ID : SA11A.226201

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. SPARKMAN, JEFF, , ,**

Mailing Address 2302 PALISADES CT SW

City  
HUNTSVILLEState  
ALZip Code  
35803-5018FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TRIVECTOR

Occupation (for Individual)

SOFTWARE 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  
03 / 10 / 2024

Transaction ID : SA11A.226118

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. SPIESS, ERIK, , ,**

Mailing Address 15229 NUGGET STREET

City  
NEVADA CITYState  
CAZip Code  
95959-9551FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
03 / 10 / 2024

Transaction ID : SA11A.226130

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THOMAS, BRIAN, , ,**

Mailing Address 539 16TH AVENUE WEST

City  
KIRKLANDState  
WAZip Code  
98033-4826FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 10 / 2024

Transaction ID : SA11A.226240

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEST, ANN, , ,**

Mailing Address 4527 CAMBERWELL RD

City  
CINCINNATIState  
OHZip Code  
45209-1115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIFTH THIRD BANCORPOccupation (for Individual)  
IMAGE PROCESSING

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  
03 / 10 / 2024

Transaction ID : SA11A.226177

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ALLEN, MARK, , ,**

Mailing Address 17055 WINCHESTER CLUB DR.

City  
MEADOW VISTAState  
CAZip Code  
95722-9350FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 11 / 2024

Transaction ID : SA11A.226345

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ATKINSON, LYNNE, , ,**

Mailing Address 28062 PINNACLES COURT

City  
LAGUNA NIGUELState  
CAZip Code  
92677-7019FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 11 / 2024

Transaction ID : SA11A.226348

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAIN, KELLY, , ,**

Mailing Address 472 RIDGE MEADOW LANE

City  
WASHINGTONState  
MOZip Code  
63090-5766FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NAVVISOccupation (for Individual)  
PHYSICIAN EXECUTIVE

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  
03 / 11 / 2024

Transaction ID : SA11A.226307

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRUMITT, CHRISTOPHER, , ,**

Mailing Address 11798 BLACK HAWK DRIVE

City  
CONIFERState  
COZip Code  
80433-7110FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

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  
03 / 11 / 2024

Transaction ID : SA11A.226371

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 171 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURKE, RANDALL, , ,**

Mailing Address 1685 HUNTINGTON CREEK DR. ALEXANDR

City  
ALEXANDRIAState  
VAZip Code  
22314-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FAAOccupation (for Individual)  
AVIATION

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  
03 / 11 / 2024**Transaction ID : SA11A.226318**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARUSO, FRANK, , ,**

Mailing Address 313 PORT WASHINGTON BLVD

City  
PORT WASHINGTONState  
NYZip Code  
11050-4548FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ALLIANCEBERNSTEINOccupation (for Individual)  
FINANCIAL SERVICES

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  
03 / 11 / 2024**Transaction ID : SA11A.226397**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EISENSTEIN, RICHARD, , ,**

Mailing Address 2121 KEYES AVE

City  
MADISONState  
WIZip Code  
53711-1930FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
UW MADISONOccupation (for Individual)  
PROFESSOR

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  
03 / 11 / 2024**Transaction ID : SA11A.226329**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FIFE, JOHN, , ,**

Mailing Address 303 EAST UPPER WACKER DRIVE

City  
CHICAGOState  
ILZip Code  
60601-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHICAGO VENTURE PARTNERSOccupation (for Individual)  
VENTURE CAPITAL

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  
03 / 11 / 2024

Transaction ID : SA11A.226405

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAKKY, SAID, , ,**

Mailing Address 8547 MERRIMOOR BOULEVARD EAST

City  
SEMINOLEState  
FLZip Code  
33777-3145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HAKKI MEDICAL TECHNOLOGIESOccupation (for Individual)  
PRESIDENT HAKKI MEDICAL TECHN

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  
03 / 11 / 2024

Transaction ID : SA11A.226377

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ISAACSON, ERIC ALAN, , ,**

Mailing Address 6580 AVENIDA MIROLA

City  
LA JOLLAState  
CAZip Code  
92037-6231FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAW OFFICE OF ERIC ALAN ISAACSONOccupation (for Individual)  
ATTORNEY

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  
03 / 11 / 2024

Transaction ID : SA11A.226332

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 173 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KORNMAN, DAVID, , ,**

Mailing Address 6618 EAST GHOST FLOWER DRIVE

City  
TUCSONState  
AZZip Code  
85750-3159FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AURORAOccupation (for Individual)  
ENGINEER

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  
03 / 11 / 2024

Transaction ID : SA11A.226388

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUDINGTON, MARK, , ,**

Mailing Address 17922 WEST APSHAWA ROAD

City  
CLERMONTState  
FLZip Code  
34715-7972FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 11 / 2024

Transaction ID : SA11A.226324

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MITCHELL, RANDALL, , ,**

Mailing Address 9415 BIDEFORD CT

City  
MATTHEWSState  
NCZip Code  
28105-6563FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RNM CONSULTING, INC.Occupation (for Individual)  
CONSULTANT

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  
03 / 11 / 2024

Transaction ID : SA11A.226390

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REYES, TOM, , ,**

Mailing Address 627 PASCO PL NE

City  
RENTONState  
WAZip Code  
98059-4559FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STACKPATHOccupation (for Individual)  
CPO

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  
03 / 11 / 2024

Transaction ID : SA11A.226410

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SULLIVAN, KELLY, , ,**

Mailing Address 130 FURMAN ST,

City  
BROOKLYNState  
NYZip Code  
11201-1434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JOELE FRANKOccupation (for Individual)  
PARTNER

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  
03 / 11 / 2024

Transaction ID : SA11A.226409

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VARGAS, JOHN, , ,**

Mailing Address 5306 NORTH WILKINSON ROAD

City  
PARADISE VALLEYState  
AZZip Code  
85253-6969FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CEIBA TECHNOLOGIES INCOccupation (for Individual)  
OWNER

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  
03 / 11 / 2024

Transaction ID : SA11A.226346

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YEISER, JIM, , ,**

Mailing Address 841 HILL BRIDGE ROAD

City  
UTICAState  
KYZip Code  
42376-9511FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
YEISER EXCAVATING, INCOccupation (for Individual)  
EXCAVATING

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  
03 / 11 / 2024**Transaction ID : SA11A.226387**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JEDDA, MAX, , ,**

Mailing Address 879 PIPPIN AVE

City  
SUNNYVALEState  
CAZip Code  
94087-1177FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 12 / 2024**Transaction ID : SA11A.226450**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BAREWIN, HOWARD, , ,**

Mailing Address 3510 CAMPBELL STREET

City  
KANSAS CITYState  
MOZip Code  
64109-2331FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024**Transaction ID : SA11A.226467**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CLARK, MARTIN, , ,**

Mailing Address 407 FAIROAKS CIRCLE

City  
CHAPEL HILLState  
NCZip Code  
27516-1605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
MEDIA PRODUCER-DIRECTOR

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  
03 / 13 / 2024

Transaction ID : SA11A.226459

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DARNELL, TRAVIS, , ,**

Mailing Address 112 INMAN CIRCLE NE

City  
ATLANTAState  
GAZip Code  
30309-3334FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CT DARNELL CONSTRUCTIONOccupation (for Individual)  
OWNER

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  
03 / 13 / 2024

Transaction ID : SA11A.226509

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HASKELL, KAREN, , ,**

Mailing Address 107 HERSEY STREET

City  
PORTLANDState  
MEZip Code  
04103-4507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024

Transaction ID : SA11A.226462

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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 177 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KIRK, BECKY, , ,**

Mailing Address 7450 E. SONORAN TRL

City  
SCOTTSDALEState  
AZZip Code  
85266-1525FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024

Transaction ID : SA11A.226518

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRK, PERCY, , ,**

Mailing Address 7450 EAST SONORAN TRAIL

City  
SCOTTSDALEState  
AZZip Code  
85266-1525FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024

Transaction ID : SA11A.226519

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARCOTTE, LINDA, , ,**

Mailing Address 992 ESTATE RD

City  
SEMORAState  
NCZip Code  
27343-7229FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024

Transaction ID : SA11A.226492

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SAUERS, ROBERT, , ,**

Mailing Address P.O.BOX 275,

City  
HEALDSBURGState  
CAZip Code  
95448-0275FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024**Transaction ID : SA11A.226498**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHADDUCK, JOHN, , ,**

Mailing Address 8020 FRANKFORD ROAD

City  
DALLASState  
TXZip Code  
75252-6858FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024**Transaction ID : SA11A.226490**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SWEENEY, PATRICIA, , ,**

Mailing Address PO BOX 720

City  
BRANCHVILLEState  
NJZip Code  
07826-0720FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024**Transaction ID : SA11A.226458**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION**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 179 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TRIEBWASSER, JIM, , ,**

Mailing Address 5016 TYNDALL DRIVE

City  
SANFORDState  
NCZip Code  
27330-7116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 13 / 2024

Transaction ID : SA11A.226474

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FOLLWEILER, HEATHER, , ,**

Mailing Address 24504 KAYAKERS PATH

City  
MILLSBOROState  
DEZip Code  
19966-7192FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2024

Transaction ID : SA11A.226538

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOSTREVA, MARK, , ,**

Mailing Address 107 STEVENS CT.

City  
NORTH PRAIRIEState  
WIZip Code  
53153-9780FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WE ENERGIESOccupation (for Individual)  
ELECTRICIAN

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  
03 / 14 / 2024

Transaction ID : SA11A.226544

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MACGREGOR, MATTHEW, D., ,**

Mailing Address P.O. BOX 57512

City  
SALT LAKE CITYState  
UTZip Code  
84157-0512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2024

Transaction ID : SA11A.226663

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PAINE, C., LAWRENCE, MR.,**

Mailing Address 888 MAIN ST APT PH 45

City  
NEW YORKState  
NYZip Code  
10044-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2024

Transaction ID : SA11A.226664

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REED, LISA, , MRS.,**

Mailing Address 531 HUNT CLUB DRIVE

City  
CANONSBURGState  
PAZip Code  
15317-2779FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2024

Transaction ID : SA11A.226617

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 239  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODNING, CHARLES, B., DR.,**

Mailing Address 4500 CAVALIER DR.

City  
SEMMESState  
ALZip Code  
36575-4466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 14 / 2024

Transaction ID : SA11A.226623

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHEETS, GEORGE, , ,**

Mailing Address 12 PECAN DRIVE

City  
STILLWATERState  
OKZip Code  
74075-3824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 14 / 2024

Transaction ID : SA11A.226580

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YOUNG, MICHAEL, F., MR.,**

Mailing Address 800 ANDORRA RD

City  
LAFAYETTE HILLState  
PAZip Code  
19444-1703FEC 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 ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2024

Transaction ID : SA11A.226675

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AGRAN, ROBERT, , ,**

Mailing Address 8235 SEMINOLE STREET

City  
PHILADELPHIAState  
PAZip Code  
19118-3929FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2024

Transaction ID : SA11A.226603

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BADIA, JOSEPH, A., MR.,**

Mailing Address 1400 NW 93 AVE

City  
DORALState  
FLZip Code  
33172-2923FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BADIA SPICESOccupation (for Individual)  
OWNER

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  
03 / 15 / 2024

Transaction ID : SA11A.226681

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DESOUSA, THOMAS, , MR.,**

Mailing Address 329 GRAND CENTRAL AVE

City  
AMITYVILLEState  
NYZip Code  
11701-3747FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MARINE BULK HEADING, INC.Occupation (for Individual)  
OWNER

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  
03 / 15 / 2024

Transaction ID : SA11A.226684

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 239

(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FUNK, DANIEL, A., ,**

Mailing Address 8997 TERWILLIGERSRIDGE DR

City  
CINCINNATIState  
OHZip Code  
45249-2762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2024

Transaction ID : SA11A.226611

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IRVING, TERRY, L., ,**

Mailing Address 300 NE 19TH CT APT 104-N

City  
WILTON MANORSState  
FLZip Code  
33305-2075FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 15 / 2024

Transaction ID : SA11A.226682

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. QUINSEY, JEAN, , ,**

Mailing Address 13400

City  
LAKE OSWEGOState  
ORZip Code  
97034-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 15 / 2024

Transaction ID : SA11A.226586

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YE, TAO, , ,**

Mailing Address 8588 PRESTWICK DR

City  
SAN DIEGOState  
CAZip Code  
92037-2048FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHINA MEIDONG AUTOOccupation (for Individual)  
CEO

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  
03 / 15 / 2024

Transaction ID : SA11A.226599

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOLTON, TERRY, , ,**

Mailing Address 2246 2350TH ST

City  
ATLANTAState  
ILZip Code  
61723-9002FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 16 / 2024

Transaction ID : SA11A.227712

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHADWELL, ANDREA, , ,**

Mailing Address 428 STANFORD LN

City  
MONTROSEState  
COZip Code  
81401-7543FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MONTROSE REGIONAL HEALTHOccupation (for Individual)  
ONCOLOGY PHARMACIST

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  
03 / 16 / 2024

Transaction ID : SA11A.227715

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ERICKSON, ALLAN, , ,**

Mailing Address 2545 WEST COUNTRY CLUB DRIVE SOUTH

City  
FARGOState  
NDZip Code  
58103-5734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 16 / 2024

Transaction ID : SA11A.227711

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCOTT, GARY, , ,**

Mailing Address 440 WEST 7TH AVENUE

City  
CHEYENNEState  
WYZip Code  
82001-1258FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 16 / 2024

Transaction ID : SA11A.227684

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ARNOLD, DAVID, , ,**

Mailing Address 1546 N ORLEANS ST

City  
CHICAGOState  
ILZip Code  
60610-2453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 17 / 2024

Transaction ID : SA11A.227779

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BENTWOOD, JOHN, , ,**

Mailing Address 122 HIGHLAND STREET

City  
PLYMOUTHState  
NHZip Code  
03264-1240FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2024

Transaction ID : SA11A.227728

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COLEMAN, JAMES, , ,**

Mailing Address 125 GERALD DRIVE

City  
DANVILLEState  
CAZip Code  
94526-3926FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2024

Transaction ID : SA11A.227742

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FELBERG, JAMIE, , ,**

Mailing Address 5006 118TH ST

City  
LUBBOCKState  
TXZip Code  
79424-7634FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

TEXAS TECH SCHOOL OF MEDICINE

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2024

Transaction ID : SA11A.227760

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 187 OF 239  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Great Task

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MORCHEL, HERMAN AND GAIL, , ,**

Mailing Address 426 PROSPECT STREET

City  
NUTLEYState  
NJZip Code  
07110-2256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

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  
03 / 17 / 2024

Transaction ID : SA11A.227765

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VARGAS, ARMANDO, , ,**

Mailing Address 15402 KIPPFORD CT.

City

MIAMI LAKES

State

FL

Zip Code

33014-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

IDEAL CLINICAL RESEARCH

Occupation (for Individual)

OWNER

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  
03 / 17 / 2024

Transaction ID : SA11A.227792

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VAUTOUR, ERIC, , ,**

Mailing Address 801 NORTH HOWARD ST

City

ALEXANDRIA

State

VA

Zip Code

22304-5459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2024

Transaction ID : SA11A.227720

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANDERSON, JOHN, , ,**

Mailing Address 4541 MESA RICO DR

City  
LAS CRUCESState  
NMZip Code  
88011-7215FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

ENGINEER

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  
03 / 18 / 2024**Transaction ID : SA11A.227858**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MESERVE, LINDA, , ,**

Mailing Address P. O. BOX 2166

City  
ARVADAState  
COZip Code  
80001-2166FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

FIDELITY TALENT SOURCE

Occupation (for Individual)

SYSTEMS ANALYST

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  
03 / 18 / 2024**Transaction ID : SA11A.227813**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, REBECCA, , ,**

Mailing Address 841 OAKDALE RD NE

City  
ATLANTAState  
GAZip Code  
30307-1209FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

KING &amp; SPALDING

Occupation (for Individual)

ATTORNEY

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  
03 / 18 / 2024**Transaction ID : SA11A.227864**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MURPHY, MONICA, , ,**

Mailing Address 2501 LAKE PLACE

City  
MINNEAPOLISState  
MNZip Code  
55405-2476FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 18 / 2024

Transaction ID : SA11A.227862

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BLAUCH, KEVIN, , ,**

Mailing Address 210 FOREST AVENUE

City  
GLEN RIDGEState  
NJZip Code  
07028-2416FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIDLEYOccupation (for Individual)  
LAWYER

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  
03 / 19 / 2024

Transaction ID : SA11A.227904

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURT, THOMAS, , ,**

Mailing Address 16835 DAVENPORT RD,

City  
DALLASState  
TXZip Code  
75248-1493FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHILDREN'S HEALTHOccupation (for Individual)  
HR

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  
03 / 19 / 2024

Transaction ID : SA11A.227902

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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 190 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COLBY, EDWARD, S., DR.,**

Mailing Address PO BOX 3160

City  
LA JOLLAState  
CAZip Code  
92038-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EDWARD S. COLBY, M.D. INC.Occupation (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  
03 / 19 / 2024

Transaction ID : SA11A.227924

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EMAMI, JESSICA, , ,**

Mailing Address 5268G NICHOLSON LANE

City  
NORTH BETHESDAState  
MDZip Code  
20895-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

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  
03 / 19 / 2024

Transaction ID : SA11A.227884

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OSBORN, KENNETH, , ,**

Mailing Address 210 GIRARD BLVD SE

City  
ALBUQUERQUEState  
NMZip Code  
87106-2230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
HANDYMAN

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  
03 / 19 / 2024

Transaction ID : SA11A.227929

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 191 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SWEENEY, PATRICIA, , ,**

Mailing Address PO BOX 720

City  
BRANCHVILLEState  
NJZip Code  
07826-0720FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 19 / 2024

Transaction ID : SA11A.227885

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOMINEK, ALLEN, , ,**

Mailing Address 2761 LEEDS RD

City  
COLUMBUSState  
OHZip Code  
43221-3630FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ANALYTIC DESIGNS, INCOccupation (for Individual)  
ENGINEER

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  
03 / 20 / 2024

Transaction ID : SA11A.227959

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MACROSTIE, WILLIAM, , ,**

Mailing Address 1877 RACE STREET

City  
DENVERState  
COZip Code  
80206-1115FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 20 / 2024

Transaction ID : SA11A.227946

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 239

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TYMCHUK, KERRY, , ,**

Mailing Address 13315 SW ANGORA LANE

City  
BEAVERTONState  
ORZip Code  
97008-9709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OREGON HISTORICAL SOCIETYOccupation (for Individual)  
EXECUTIVE DIRECTOR

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  
03 / 20 / 2024

Transaction ID : SA11A.227932

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WILTON, DAVID, , ,**

Mailing Address THE FIRS, 32 W BELLS MILL ROAD, PH

City  
PHILADELPHIAState  
PAZip Code  
19118-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OISTER GLOBALOccupation (for Individual)  
CIO

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  
03 / 20 / 2024

Transaction ID : SA11A.227937

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COLLARD, LEONARD, B., MR.,**

Mailing Address 116 FIORD DRIVE

City  
NORTH AUGUSTAState  
SCZip Code  
29841-6043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 26 / 2024

Transaction ID : SA11A.227967

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 193 OF 239  
(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OLSEN, JOHN, F., MR.,**

Mailing Address 27446 N 103RD STREET

City  
SCOTTSDALEState  
AZZip Code  
85262-8946FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2024**Transaction ID : SA11A.227966**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BEST, J., MICHAEL, MR.,**

Mailing Address 130 HIDDEN HILLS DR

City  
FAIRFIELDState  
OHZip Code  
45014-8606FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2024**Transaction ID : SA11A.228002**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURNS, RICHARD, , MR.,**

Mailing Address 8 HARVEST LANE

City  
HINGHAMState  
MAZip Code  
02043-4234FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2024**Transaction ID : SA11A.227995**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 194 OF 239  
(check only one)

|                                                |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="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)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CARTER, J F, , ,**

Mailing Address 4008 LINDEN COURT

City  
FRANKLINState  
TNZip Code  
37069-8404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2024

Transaction ID : SA11A.228299

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FRICKE, THOMAS, F., MR.,**

Mailing Address 7570 COMFORT AVENUE

City  
ST. LOUISState  
MOZip Code  
63143-2902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 29 / 2024

Transaction ID : SA11A.227978

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GIUDICI, JAMES, C., MR.,**

Mailing Address 6128 TORRINGTON DR

City  
RENOState  
NVZip Code  
89511-8520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 29 / 2024

Transaction ID : SA11A.227975

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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: PAGE 195 OF 239  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOODWIN, KURT, L., MR.,**

Mailing Address 350 FAULKNER RD

City  
WELLSBOROState  
PAZip Code  
16901-7856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 29 / 2024

Transaction ID : SA11A.228003

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIBLER, PATRICIA, L., MS.,**

Mailing Address 3632 SPRINGSBERRY PL

City  
RICHMONDState  
VAZip Code  
23233-1834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 29 / 2024

Transaction ID : SA11A.228298

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PASQUAL, LINDA, A., MS.,**

Mailing Address 2410 IRMA WAY

City  
CASTRO VALLEYState  
CAZip Code  
94546-2746FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BE

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  
03 / 29 / 2024

Transaction ID : SA11A.227981

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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 196 OF 239  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Great Task**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. QUINN, KEVIN, , MR.,**

Mailing Address 428 N BENTON AVE

City  
HELENAState  
MTZip Code  
59601-5040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST PETER'S HEALTHOccupation (for Individual)  
PARAMEDIC

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  
03 / 29 / 2024

Transaction ID : SA11A.228297

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SUTTON, MICHAEL, H., MR.,**

Mailing Address 11440 WALDEN LN

City  
HOUSTONState  
TXZip Code  
77024-7526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
ENGINEER

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  
03 / 29 / 2024

Transaction ID : SA11A.227993

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TUCKER, PATRICK, J., MR.,**

Mailing Address P.O. BOX 248

City  
PATERSONState  
WAZip Code  
99345-0248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

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  
03 / 29 / 2024

Transaction ID : SA11A.228006

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

324253.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 239  
(check only one)

|                              |                              |                                        |                             |                             |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

The Great Task

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EMPLOYERS PREFERRED INSURANCE CO.**

Mailing Address 500 NORTH BRAND BLVD

City  
GLENDALEState  
CAZip Code  
91203FEC 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 ▼

381.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2024

Transaction ID : SA15.14349

Amount of Each Receipt this Period

381.00

☐ Memo Item

WORKERS COMP. INSURANCE REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

381.00

TOTAL This Period (last page this line number only)..... ►

381.00

|                                     |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

# The Great Task

**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 199 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 1 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1428!

Amount of Each Disbursement this Period

71.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AHERN, KARA, , ,**

Mailing Address 829 S COLUMBUS ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

EXPENSE REIMBURSEMENT

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 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1427!

Amount of Each Disbursement this Period

1058.03

SEE BELOW

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LANDINI BROTHERS**

Mailing Address 115 KING STRET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

EVENT FOOD AND BEVERAGE

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 | 1 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1427

Amount of Each Disbursement this Period

1058.03

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1129.53

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 200 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
TypeOffice 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 | 1 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1428

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice 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 | 1 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1428

Amount of Each Disbursement this Period

129.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice 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 | 1 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

54.99

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

|   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 6 | 8 | 4 | . | 2 | 7 |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|

**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 201 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 1 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1428

Amount of Each Disbursement this Period

40.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 1 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429C

Amount of Each Disbursement this Period

80.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTOCKPHOTO**

Mailing Address 605 5TH AVE S

City  
SEATTLEState  
WAZip Code  
98104

Purpose of Disbursement

PHOTOS

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 | 1 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1428

Amount of Each Disbursement this Period

99.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

219.33

**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 202 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

City  
ATLANTAState  
GAZip Code  
30308

Purpose of Disbursement

EMAIL SUBSCRIPTION

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 | 1 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

1225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STERLING SOLUTIONS**

Mailing Address 1229 I STREET NE

City  
WASHINGTONState  
DCZip Code  
20002

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 | 1 |   |   | 1 | 0 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I14272

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AHERN, KARA, , ,**

Mailing Address 829 S COLUMBUS ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

POLITICAL STRATEGY 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 | 1 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1427

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4225.00

**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 203 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 1 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

1.37

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ACCOUNTING SOFTWARE

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 | 1 |   |   | 1 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

165.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 1 |   |   | 1 | 7 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

94.12

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

260.49

**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 204 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 |
| 0 | 1 |   |   | 1 | 7 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429!

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 |
| 0 | 1 |   |   | 1 | 8 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429!

Amount of Each Disbursement this Period

20.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 |
| 0 | 1 |   |   | 1 | 8 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1429

Amount of Each Disbursement this Period

10.59

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

531.58

**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 205 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   |   | 1 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1429!

Amount of Each Disbursement this Period

18.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT OFFICE**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   |   | 2 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

23.94

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 1 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 1 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

8.69

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 1 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

500.00

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1008.69

**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 207 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 1 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430!

Amount of Each Disbursement this Period

28.82

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGEState  
LAZip Code  
70884

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

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 | 1 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I14342

Amount of Each Disbursement this Period

2221.30

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD STREET

City  
ARLINGTONState  
VAZip Code  
22206

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 | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1427

Amount of Each Disbursement this Period

3000.00

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5250.12

**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 208 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 1 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 354 OYSTER PT BLVD

City  
SAN FRANCISCOState  
CAZip Code  
94080

Purpose of Disbursement

MERCHANDISE 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 | 1 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1434

Amount of Each Disbursement this Period

32.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

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 | 1 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

5832.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| 6 | 3 | 6 | 5 | . | 2 | 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 209 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I14301

Amount of Each Disbursement this Period

63.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I14311

Amount of Each Disbursement this Period

14.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1430

Amount of Each Disbursement this Period

244.22

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

322.38

**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 210 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 2 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

71.51

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 2 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

194.01

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 2 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

500.00

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

765.52

**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 211 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice 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 | 2 |   |   | 0 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I1431**

Amount of Each Disbursement this Period

41.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Category/  
TypeOffice 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 | 2 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I1431**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
ADVERTISING

Candidate Name

Category/  
TypeOffice 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 | 2 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.I1431**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1041.21

**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 212 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1431I

Amount of Each Disbursement this Period

29.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1432C

Amount of Each Disbursement this Period

54.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DC TREASURER**

Mailing Address 441 4TH ST NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

338.67

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

422.70

**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 213 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 |
| 0 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I14341

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ISTOCKPHOTO**

Mailing Address 605 5TH AVE S

City  
SEATTLEState  
WAZip Code  
98104

Purpose of Disbursement

PHOTOS

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 |
| 0 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I14347

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

City  
ATLANTAState  
GAZip Code  
30308

Purpose of Disbursement

EMAIL SUBSCRIPTION

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 |
| 0 | 2 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

1225.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1824.00

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 214 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. AGENCY 9 COMMUNICATIONS**

Mailing Address 1199 N FAIRFAX ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

DIGITAL MARKETING

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 | 2 |   |   | 0 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AGENCY 9 COMMUNICATIONS**

Mailing Address 1199 N FAIRFAX ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

DIGITAL MARKETING

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 | 2 |   |   | 0 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1434

Amount of Each Disbursement this Period

5900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 2 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6550.00

**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 215 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 2 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432!

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 2 |   |   | 1 | 2 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432!

Amount of Each Disbursement this Period

57.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 2 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

58.15

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

616.01

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 216 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

159.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD STREET

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I14277

Amount of Each Disbursement this Period

3792.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 2 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1432

Amount of Each Disbursement this Period

80.65

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4031.65

**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 217 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 | 2 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1432!

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 | 2 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I14332

Amount of Each Disbursement this Period

20.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COVINGTON & BURLING LLP**

Mailing Address 850 TENTH STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

LEGAL FEES

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 | 2 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

2201.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2722.49

**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 218 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 |
| 0 | 2 |   |   | 2 | 0 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

10.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT OFFICE**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 |
| 0 | 2 |   |   | 2 | 0 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ZOOM**

Mailing Address 55 ALMADEN BLVD

City  
SAN JOSEState  
CAZip Code  
95113

Purpose of Disbursement

VIDEO CONFERENCING SOFTWARE

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 |
| 0 | 2 |   |   | 2 | 2 |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

167.90

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

203.49

**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 219 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

ADVERTISING

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 |
| 0 | 2 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1433!

Amount of Each Disbursement this Period

500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. TECHSMITH CORP**

Mailing Address 2405 WOODLAKE DRIVE

City  
OKEMOSState  
MIZip Code  
48864

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 |
| 0 | 2 |   |   | 2 | 6 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1433!

Amount of Each Disbursement this Period

699.97

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 |
| 0 | 2 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

44.52

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1244.49

**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 220 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGEState  
LAZip Code  
70884

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

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 | 2 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1434

Amount of Each Disbursement this Period

1800.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COVINGTON & BURLING LLP**

Mailing Address 850 TENTH STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

LEGAL FEES

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 | 2 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433

Amount of Each Disbursement this Period

5992.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 2 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1434

Amount of Each Disbursement this Period

79.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7872.57

**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 221 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 354 OYSTER PT BLVD

City  
SAN FRANCISCOState  
CAZip Code  
94080

Purpose of Disbursement

MERCHANDISE 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 | 2 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1434!

Amount of Each Disbursement this Period

29.64

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 233 SOUTH WACKER DRIVE

City  
CHICAGOState  
ILZip Code  
60606

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 | 2 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1433!

Amount of Each Disbursement this Period

228.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 3 |   |   | 0 | 2 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1431

Amount of Each Disbursement this Period

187.20

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

444.84

**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 222 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 |

FEC Identification Number

**C** Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

19.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 |

FEC Identification Number

**C** Transaction ID : SB21B.I15361

Amount of Each Disbursement this Period

10.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
ADVERTISING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 |

FEC Identification Number

**C** Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

198.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

229.41

**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 223 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

71.51

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

244.22

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

187.20

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

502.93

**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 224 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. THE TOWNSEND GROUP**

Mailing Address 1006 PENDLETON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 4 |   |   | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B.I1535!

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B.I15362

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 2 |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

38.90

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8538.90

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 225 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 3 |   |   | 0 | 6 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

55.95

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. BSB SOLUTIONS**

Mailing Address 3538 SOUTH WAKEFIELD STREET

City  
ARLINGTONState  
VAZip Code  
22206

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 | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

3550.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 3 |   |   | 0 | 7 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

30.22

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3636.17

**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 226 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I15361

Amount of Each Disbursement this Period

59.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                 |                          |         |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary         | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I15370

Amount of Each Disbursement this Period

150.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

  
State: District:Disbursement For:  

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

107.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

318.00

**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 227 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

109.19

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. ISTOCKPHOTO**

Mailing Address 605 5TH AVE S

City  
SEATTLEState  
WAZip Code  
98104

Purpose of Disbursement

PHOTOS

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 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

99.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

City  
ATLANTAState  
GAZip Code  
30308

Purpose of Disbursement

EMAIL SUBSCRIPTION

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 | 3 |   |   | 0 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1536

Amount of Each Disbursement this Period

1225.00

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

1433.19

**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 228 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. AGENCY 9 COMMUNICATIONS**

Mailing Address 1199 N FAIRFAX ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

DIGITAL MARKETING

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 |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

125.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

128.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

404.34

**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 229 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

145.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

152.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
SHIPPING

Candidate Name

Category/  
TypeOffice Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For: 

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 1 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : SB21B.I1537

Amount of Each Disbursement this Period

145.89

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

444.28

**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 230 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address 685 N WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

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 | 3 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1537!

Amount of Each Disbursement this Period

30.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT OFFICE**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 | 3 |   |   | 1 | 3 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1538c

Amount of Each Disbursement this Period

105.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HARDHITS, LLC**

Mailing Address 7204 SOUTH HILL DR

City  
MANASSASState  
VAZip Code  
20109

Purpose of Disbursement

MERCHANDISE

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 | 3 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

2410.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2546.98

**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 231 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. QUICKBOOKS**

Mailing Address 2632 MARINE WAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
TypeOffice 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 |
| 0 | 3 |   |   | 1 | 4 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

159.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address ONE DEP BOULEVARD

City  
ROSELANDState  
NJZip Code  
07068Purpose of Disbursement  
PAYROLL FEE

Candidate Name

Category/  
TypeOffice 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 |
| 0 | 3 |   |   | 1 | 5 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

87.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADOBE INC**

Mailing Address 100-014 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10011Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Category/  
TypeOffice 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 |
| 0 | 3 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

20.99

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.39

**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 232 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. COVINGTON & BURLING LLP**

Mailing Address 850 TENTH STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

LEGAL FEES

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 |
| 0 | 3 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

4823.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE SERVICES**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

Purpose of Disbursement

SUBSCRIPTION

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 |
| 0 | 3 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I15387

Amount of Each Disbursement this Period

10.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 1 | 8 |   |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

123.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4956.83

**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 233 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 354 OYSTER PT BLVD

City  
SAN FRANCISCOState  
CAZip Code  
94080

Purpose of Disbursement

MERCHANT FEES

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 | 3 |   |   | 1 | 9 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

473.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MICROSOFT OFFICE**

Mailing Address ONE MICROSOFT WAY

City  
REDMONDState  
WAZip Code  
98052

Purpose of Disbursement

SOFTWARE SUBSCRIPTION

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 | 3 |   |   | 2 | 0 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STERLING SOLUTIONS**

Mailing Address 1229 I STREET NE

City  
WASHINGTONState  
DCZip Code  
20002

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 | 3 |   |   | 2 | 1 |   |   | 2 | 0 | 2 | 4 |   |

FEC Identification Number

C

Transaction ID : SB21B.I1538

Amount of Each Disbursement this Period

295.94

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

794.26

**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 234 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 5 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539I

Amount of Each Disbursement this Period

101.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539I

Amount of Each Disbursement this Period

146.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539I

Amount of Each Disbursement this Period

140.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

388.21

**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 235 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 8 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

145.64

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

116.52

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. GOSHIPPO.COM**

Mailing Address 731 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103

Purpose of Disbursement

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 | 3 |   |   | 2 | 9 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1539

Amount of Each Disbursement this Period

151.42

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

413.58

**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 236 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGEState  
LAZip Code  
70884

Purpose of Disbursement

CREDIT CARD PROCESSING FEES

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 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 2 | 4 |   |   |

FEC Identification Number

C

Transaction ID : SB21B.I1535

Amount of Each Disbursement this Period

21355.37

☐ 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).....▶

21355.37

94479.62

**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 237 OF 239

|                              |                                        |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" 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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. OUR GREAT TASK, INC.**Mailing Address 2308 MOUNT VERNON AVE  
BOX 328City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
TRANSFER TO AN AFFILIATED COMMITTEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 08 / 2024

FEC Identification Number

**C** C00872887**Transaction ID : SB22.I15396**

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OUR GREAT TASK, INC.**Mailing Address 2308 MOUNT VERNON AVE  
BOX 328City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
IN-KIND WEBSITE DOMAIN TRANSFER

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 11 / 2024

FEC Identification Number

**C** C00872887**Transaction ID : SB22.I15400**

Amount of Each Disbursement this Period

3640.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OUR GREAT TASK, INC.**Mailing Address 2308 MOUNT VERNON AVE  
BOX 328City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
IN-KIND MERCHANDISE (MUGS)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 11 / 2024

FEC Identification Number

**C** C00872887**Transaction ID : SB22.I16399**

Amount of Each Disbursement this Period

126.72

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000000.00

**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 238 OF 239

|                              |                                        |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" 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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. OUR GREAT TASK, INC.**Mailing Address 2308 MOUNT VERNON AVE  
BOX 328City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
IN-KIND MERCHANDISE (T-SHIRTS)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2024

FEC Identification Number

C C00872887

Transaction ID : SB22.I16400

Amount of Each Disbursement this Period

1714.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

1000000.00

**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 239 OF 239

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b            | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input checked="" 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)

The Great Task

Full Name (Last, First, Middle Initial)

**A. DAY, FREDERICK, , MR.,**

Mailing Address 3405 ASTER LANE

City  
WILSONState  
WYZip Code  
83014-9638

Purpose of Disbursement

CHARGE BACK OF CONTRIBUTION DATED 11.7.2022

Candidate Name

Office Sought: 

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 07    |   | 2024        |

FEC Identification Number

**C**

Transaction ID : SB28A.I1539!

Amount of Each Disbursement this Period

2100.00

☐ 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 |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

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 |

State: District:

Disbursement For:

|                                            |                                  |
|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

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)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►

2100.00