

# 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**  
**34N22, INC.**

ADDRESS (number and street) **C/O BULLDOG COMPLIANCE**  
**138 CONANT STREET STE 202**  
 Check if different than previously reported. (ACC) **BEVERLY** **MA** **01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00789339** 3. IS THIS REPORT  NEW (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 **05** / **24** / **2022** in the State of **GA**  
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period **04** / **01** / **2022** through **05** / **04** / **2022**

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 **GANTT, CHARLES, , ,**

Signature of Treasurer **GANTT, CHARLES, , ,** [Electronically Filed] Date **05** / **12** / **2022**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

34N22, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="505635.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3313670.78"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="169000.00"/>	<input type="text" value="3420682.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3482670.78"/>	<input type="text" value="3926318.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="331880.34"/>	<input type="text" value="775527.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3150790.44"/>	<input type="text" value="3150790.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
**34N22, INC.**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	169000.00	3418600.00
(ii) Unitemized .....	0.00	159.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	169000.00	3418759.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1923.49
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	169000.00	3420682.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	169000.00	3420682.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	169000.00	3420682.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	321880.34	570320.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	321880.34	570320.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	10000.00	205207.02
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	331880.34	775527.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	331880.34	775527.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	169000.00	3420682.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	169000.00	3420682.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	321880.34	570320.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	321880.34	570320.69

**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 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**34N22, INC.**

**A. BATMASIAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 N FEDERAL HWY  
 City BOCA RATON State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INVESTMENTS LIMITED Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **04 / 28 / 2022**  
**Transaction ID : SA11AI.4341**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

**B. HUFSTETLER, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 DILLON RD  
 City THOMASVILLE State GA Zip Code 31757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TERAMORE DEVELOPMENT, LLC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **04 / 08 / 2022**  
**Transaction ID : SA11AI.4335**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**C. KELLETT, STILES, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 GALLERIA PKWY STE 1800  
 City ATLANTA State GA Zip Code 30339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KELLETT INVESTMENT CORPORATION Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt **04 / 26 / 2022**  
**Transaction ID : SA11AI.4339**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(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)  
**34N22, INC.**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WEST, G, VINCENT, ,

Mailing Address 94 PEACHTREE WAY NE

City ATLANTA	State GA	Zip Code 30305
-----------------	-------------	-------------------

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

Name of Employer (for Individual) AMERICAN WEST INVESTMENT CORP	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
34000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		13		2022

**Transaction ID : SA11AI.4337**

Amount of Each Receipt this Period  
34000.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34000.00
<b>TOTAL</b> This Period (last page this line number only).....	169000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICA RISING CORPORATION</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2022
Mailing Address 1500 WILSON BLVD 5TH FLR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4314</b> Amount of Each Disbursement this Period [ ] 2000.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type [ ]
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. BATTLEGROUND STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2022
Mailing Address 1913 SKYFALL CIR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4310</b> Amount of Each Disbursement this Period [ ] 10225.00
City BROOKHAVEN	State GA	Zip Code 30319
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [ ]
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. BATTLEGROUND STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2022
Mailing Address 1913 SKYFALL CIR		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4326</b> Amount of Each Disbursement this Period [ ] 10327.59
City BROOKHAVEN	State GA	Zip Code 30319
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [ ]
Candidate Name		Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 22552.59
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2022
Mailing Address 138 CONANT ST STE 202		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4305</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [ ] 1500.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

Full Name (Last, First, Middle Initial) <b>B. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 04 / 14 / 2022
Mailing Address 138 CONANT ST STE 202		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4307</b>
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE		Amount of Each Disbursement this Period [ ] 21.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2022
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4315</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [ ] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1546.00
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial)  
**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement **BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 04 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4316**

Amount of Each Disbursement this Period: **25.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement **BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 04 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4317**

Amount of Each Disbursement this Period: **25.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City **MCLEAN** State **VA** Zip Code **22101**

Purpose of Disbursement **BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 04 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4318**

Amount of Each Disbursement this Period: **25.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **75.00**

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

**Transaction ID : SB21B.4319**

Amount of Each Disbursement this Period  
 2.50

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

**Transaction ID : SB21B.4322**

Amount of Each Disbursement this Period  
 25.00

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.			
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

**Transaction ID : SB21B.4323**

Amount of Each Disbursement this Period  
 25.00

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

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

52.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4324</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4325</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4327</b> Amount of Each Disbursement this Period [ ] 25.00	
City MCLEAN	State VA	Zip Code 22101	Category/ Type [ ]
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 75.00
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>			Date of Disbursement MM / DD / YYYY 04 / 29 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.4329</b> Amount of Each Disbursement this Period [ ] 25.00	
Purpose of Disbursement BANK FEE		Category/ Type		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK, N.A.</b>			Date of Disbursement MM / DD / YYYY 04 / 29 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.4330</b> Amount of Each Disbursement this Period [ ] 25.00	
Purpose of Disbursement BANK FEE		Category/ Type		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK, N.A.</b>			Date of Disbursement MM / DD / YYYY 04 / 29 / 2022	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.4331</b> Amount of Each Disbursement this Period [ ] 25.00	
Purpose of Disbursement BANK FEE		Category/ Type		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 75.00
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK, N.A.</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2022
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4333</b> Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FORWARD STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2022
Mailing Address 7222 ANHINGA FARMS ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4321</b> Amount of Each Disbursement this Period [REDACTED] 201082.00
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MARATHON STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2022
Mailing Address 3771 VINECREST DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4311</b> Amount of Each Disbursement this Period [REDACTED] 15000.00
City DALLAS	State TX	Zip Code 75229
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 216107.00
[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

**A. MARATHON STRATEGIC COMMUNICATIONS, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 3771 VINECREST DR

City DALLAS State TX Zip Code 75229

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period: 15000.00

Memo Item

**B. PLAYA ENTERTAINMENT LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2123 SHUMMARD OAK LN

City IRVING State TX Zip Code 75063

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4313

Amount of Each Disbursement this Period: 13000.00

Memo Item

**C. PLAYA ENTERTAINMENT LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2123 SHUMMARD OAK LN

City IRVING State TX Zip Code 75063

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4332

Amount of Each Disbursement this Period: 13000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 41000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

**A. STATECRAFT PLLC**

Full Name (Last, First, Middle Initial)

Mailing Address **649 N FOURTH AVE  
STE B**

City **PHOENIX** State **AZ** Zip Code **85003**

Purpose of Disbursement **LEGAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 12 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4306**

Amount of Each Disbursement this Period: **20000.00**

Memo Item

**B. STRATEGIC PARTNERS & MEDIA, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address **1851A MCGUCKIAN ST**

City **ANNAPOLIS** State **MD** Zip Code **21401**

Purpose of Disbursement **DIGITAL CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 04 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4312**

Amount of Each Disbursement this Period: **7500.00**

Memo Item

**C. STRATEGIC PARTNERS & MEDIA, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address **1851A MCGUCKIAN ST**

City **ANNAPOLIS** State **MD** Zip Code **21401**

Purpose of Disbursement **LIST RENTAL**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **04 / 19 / 2022**

FEC Identification Number: **C**

**Transaction ID : SB21B.4309**

Amount of Each Disbursement this Period: **5000.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **32500.00**

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**34N22, INC.**

Full Name (Last, First, Middle Initial) <b>A. STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2022
Mailing Address 1851A MCGUCKIAN ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4308</b>
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement DIGITAL CONSULTING, TRAVEL: GROUND TRANSPORTATION & LODGING		Amount of Each Disbursement this Period 7897.25
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	7897.25
<b>TOTAL</b> This Period (last page this line number only)..... ▶	321880.34

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>34N22, INC.</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00789339
---	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1851A MCGUCKIAN ST		Amount <input type="text"/>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : <b>SE.4300</b>
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: WALKER, HERSCHEL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>STRATEGIC PARTNERS &amp; MEDIA, LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1851A MCGUCKIAN ST		Amount <input type="text"/>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : <b>SE.4301</b>
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , ,

*[Electronically Filed]*

Date  /  /

Signature