

**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

JOBS, OPPORTUNITY AND NEW IDEAS PAC

ADDRESS (number and street)

PO BOX 93441

Check if different
than previously
reported. (ACC)

DES MOINES

IA

50393

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00566851

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

HOBBS, CABELL, , ,

Signature of Treasurer

HOBBS, CABELL, , ,

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

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Report Covering the Period: From: MM / DD / YYYY 05 / 01 / 2025 To: MM / DD / YYYY 05 / 31 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY YYYY		
2025		49893.38
(b) Cash on Hand at Beginning of Reporting Period.....	79299.02	
(c) Total Receipts (from Line 19)	26500.08	227397.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105799.10	277290.77
7. Total Disbursements (from Line 31)	39348.29	210839.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66450.81	66450.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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**

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y Y
05 31 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

7000.00

89500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7000.00

89500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

19500.00

97000.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

26500.00

186500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

40897.06

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.).....

0.08

0.33

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))

26500.08

227397.39

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

26500.08

227397.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34348.29	170839.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34348.29	170839.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	40000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39348.29	210839.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39348.29	210839.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26500.00	186500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26500.00	186500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	34348.29	170839.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	34348.29	170839.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 15
(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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

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

A. MARQUIS, BENJAMIN, L., ,

Mailing Address 22200 N BERCHTOLD RD

City
CHILLICOTHEState
ILZip Code
61523-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MARQUIS INC

Occupation (for Individual)

DIRECTOR OF IT AND MULTI MEDIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11A.816031

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

B. OBST, MARTIN, E., ,

Mailing Address 430 N PARK AVE APT 511

City
INDIANAPOLISState
INZip Code
46202-3679FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MO STRATEGIES

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2025

Transaction ID : SA11A.818331

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. TOMPKINS, ELENA, , ,

Mailing Address 3134 P STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20007-3078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TOMPKINS STRATEGIES LLC

Occupation (for Individual)

LOBBYIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11A.818400

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)..... ►

6000.00

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

PAGE 7 OF 15

<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

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

A. LANKLER, GREG, , ,

Mailing Address 15500 PENNYROYAL LN

City
ROCKVILLEState
MDZip Code
20853-1477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THORN RUN PARTNERSOccupation (for Individual)
PARTNER

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
05 / 28 / 2025

Transaction ID : SA11A.820732

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

1000.00

7000.00

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

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

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

A. KOCHPAC KOCH INDUSTRIES, INC.

Mailing Address 4111 EAST 37TH STREET NORTH

City
WICHITAState
KSZip Code
67220-3203FEC ID number of contributing
federal political committee.**C** C00236489

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2025**Transaction ID : SA11C.816032**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

B. ARCHER DANIELS MIDLAND PAC

Mailing Address PO BOX 1470

City
DECATURState
ILZip Code
62525-1820FEC ID number of contributing
federal political committee.**C** C00093963

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : SA11C.818397**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

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

C. CENTENE CORPORATION PACMailing Address 7700 FORSYTH BLVD
CENTENE PLAZACity
SAINT LOUISState
MOZip Code
63105-1810FEC ID number of contributing
federal political committee.**C** C00397851

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : SA11C.818396**

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)..... ►

8500.00

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

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

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

A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC (ENGPAC)

Mailing Address 2980 FAIRVIEW PARK DRIVE

City
FALLS CHURCHState
VAZip Code
22042-4511FEC ID number of contributing
federal political committee.**C**

C00088591

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : SA11C.818398**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

B. FGS GLOBAL (US) LLC PAC

Mailing Address 1032 15TH STREET NW STE 247

City
WASHINGTONState
DCZip Code
20005-1502FEC ID number of contributing
federal political committee.**C**

C00466094

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025**Transaction ID : SA11C.818399**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

C. GRIDIRON-PAC

Mailing Address 345 PARK AVENUE

City
NEW YORKState
NYZip Code
10154-0023FEC ID number of contributing
federal political committee.**C**

C00451153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2025**Transaction ID : SA11C.818463**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

11000.00

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

19500.00

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

PAGE 10 OF 15

<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

226.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. T&L PROPERTIES LLC

Mailing Address 1909 SYCAMORE ST

City
GRANGERState
IAZip Code
50109

Purpose of Disbursement

RENT

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

267.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESSEY ST

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

65.50

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

559.50

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

PAGE 11 OF 15

<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1595 SPRING HILL ROAD STE 500

City
VIENNAState
VAZip Code
22182

Purpose of Disbursement

DATABASE MANAGEMENT SERVICE

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.3

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

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	5			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 116 CLUB

Mailing Address 234 3RD ST NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

FOOD/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	5			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

125.27

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

1474.27

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

PAGE 12 OF 15

<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB.14**

Amount of Each Disbursement this Period

1	9	0	5
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☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB.12**

Amount of Each Disbursement this Period

2	3	4	3	.	6	0
---	---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734

Purpose of Disbursement

VOID-COMPLIANCE CONSULTING, CHECK LOST, REISSUED

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB.13**

Amount of Each Disbursement this Period

-	2	3	4	3	.	6	0
---	---	---	---	---	---	---	---

☐ Memo Item

ORIGINALLY ISSUED 10/9/2024

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

1	9	0	5
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. RIGHTSIDE COMPLIANCE LLC

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
COMPLIANCE CONSULTING

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	5			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB.7

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOCKO STRATEGIES LLC

Mailing Address 1101 30TH ST NW STE 125

City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
FINANCE CONSULTING

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	5			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

19090.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 2311 WILSON BLVD STE 200

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
DIGITAL/POLITICAL STRATEGY CONSULTING

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	5			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB.11

Amount of Each Disbursement this Period

8521.60

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

29611.92

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

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<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)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. VENABLE LLP

Mailing Address PO BOX 62727

City
BALTIMOREState
MDZip Code
21264Purpose of Disbursement
LEGAL 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	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB.6**

Amount of Each Disbursement this Period

2422.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT INC

Mailing Address 1340 POYDRAS ST STE 1770

City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEE

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	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB.15**

Amount of Each Disbursement this Period

19.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 2200 WILSON BLVD STE 100

City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
BANK FEE

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	D	/	Y	Y	Y	Y	Y	Y
0	5			2	1			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB.16**

Amount of Each Disbursement this Period

242.00

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

2683.55

34348.29

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

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

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NAME OF COMMITTEE (In Full)

JOBS, OPPORTUNITY AND NEW IDEAS PAC

Full Name (Last, First, Middle Initial)

A. NEBRASKA FAMILIES FOR PETE RICKETTS INC

Date of Disbursement

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

Mailing Address PO BOX 24705

City
OMAHAState
NEZip Code
68124

FEC Identification Number

C C00414375**Transaction ID : SB.10**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Purpose of Disbursement

CONTRIBUTION

Candidate Name

RICKETTS, PETE, , ,

Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2026

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

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

5000.00

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

5000.00