

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2020

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2020

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

KOCH, TIMOTHY, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

KOCH, TIMOTHY, A., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2020

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03  |   | 01  |   | 2020      |

To:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03  |   | 31  |   | 2020      |

|                                                                                                                                                | COLUMN A<br>This Period                                | COLUMN B<br>Calendar Year-to-Date |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|---|---|---|------|--------------------------------------------------------|-----------|--|--|--|--------------------------------------------------------|-----------|--|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table> | Y                                                      | Y                                 | Y | Y | Y | 2020 |                                                        |           |  |  |  | <table><tr><td colspan="5">167420.05</td></tr></table> | 167420.05 |  |  |  |  |
| Y                                                                                                                                              | Y                                                      | Y                                 | Y | Y |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 2020                                                                                                                                           |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 167420.05                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                      | <table><tr><td colspan="5">173801.16</td></tr></table> | 173801.16                         |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 173801.16                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (c) Total Receipts (from Line 19) .....                                                                                                        | <table><tr><td colspan="5">5000.00</td></tr></table>   | 5000.00                           |   |   |   |      | <table><tr><td colspan="5">20950.00</td></tr></table>  | 20950.00  |  |  |  |                                                        |           |  |  |  |  |
| 5000.00                                                                                                                                        |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 20950.00                                                                                                                                       |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                            | <table><tr><td colspan="5">178801.16</td></tr></table> | 178801.16                         |   |   |   |      | <table><tr><td colspan="5">188370.05</td></tr></table> | 188370.05 |  |  |  |                                                        |           |  |  |  |  |
| 178801.16                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 188370.05                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 7. Total Disbursements (from Line 31).....                                                                                                     | <table><tr><td colspan="5">32583.16</td></tr></table>  | 32583.16                          |   |   |   |      | <table><tr><td colspan="5">42152.05</td></tr></table>  | 42152.05  |  |  |  |                                                        |           |  |  |  |  |
| 32583.16                                                                                                                                       |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 42152.05                                                                                                                                       |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                      | <table><tr><td colspan="5">146218.00</td></tr></table> | 146218.00                         |   |   |   |      | <table><tr><td colspan="5">146218.00</td></tr></table> | 146218.00 |  |  |  |                                                        |           |  |  |  |  |
| 146218.00                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 146218.00                                                                                                                                      |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                | <table><tr><td colspan="5">0.00</td></tr></table>      | 0.00                              |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 0.00                                                                                                                                           |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                               | <table><tr><td colspan="5">0.00</td></tr></table>      | 0.00                              |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |
| 0.00                                                                                                                                           |                                                        |                                   |   |   |   |      |                                                        |           |  |  |  |                                                        |           |  |  |  |  |



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WITH HONOR PAC**

Report Covering the Period:

From:

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

To:

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

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 5000.00                       | 15750.00                          |
| (ii) Unitemized .....                                                                                 | 0.00                          | 200.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 5000.00                       | 15950.00                          |
| (b) Political Party Committees .....                                                                  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                    | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 5000.00                       | 20950.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                          | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                      | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 5000.00                       | 20950.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 5000.00                       | 20950.00                          |

# **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 .....                                                 | 1583.16                       | 6152.05                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1583.16                       | 6152.05                           |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 31000.00                      | 36000.00                          |
| 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)) ..      | 32583.16                      | 42152.05                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32583.16                      | 42152.05                          |

**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) .....        | 5000.00                       | 20950.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 5000.00                       | 20950.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 1583.16                       | 6152.05                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1583.16                       | 6152.05                           |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                          |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|--------------------|--------------------------|------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br/> <b>Susser, Sam, L., ,</b></p> <p>Mailing Address <b>800 N Shoreline Blvd</b><br/> <b>Suite 2200 North</b></p> <table style="width: 100%;"> <tr> <td style="width: 35%;">City<br/><b>Corpus Christi</b></td> <td style="width: 15%;">State<br/><b>TX</b></td> <td style="width: 50%;">Zip Code<br/><b>78401</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer (for Individual)<br/><b>Susser Bank Holdings</b></td> <td style="width: 65%;">Occupation (for Individual)<br/><b>President</b></td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> |                                                 |                          | City<br><b>Corpus Christi</b>                                                                         | State<br><b>TX</b> | Zip Code<br><b>78401</b> | Name of Employer (for Individual)<br><b>Susser Bank Holdings</b> | Occupation (for Individual)<br><b>President</b> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span><br/> <b>03 / 11 / 2020</b></p> <p><b>Transaction ID : SA11AI.6573</b></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p><input type="checkbox"/> Memo Item Contribution</p> |  |
| City<br><b>Corpus Christi</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br><b>TX</b>                              | Zip Code<br><b>78401</b> |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| Name of Employer (for Individual)<br><b>Susser Bank Holdings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Occupation (for Individual)<br><b>President</b> |                          |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p><b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 35%;">City</td> <td style="width: 15%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer (for Individual)</td> <td style="width: 65%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>                                                                                                                                                                                                              |                                                 |                          | City                                                                                                  | State              | Zip Code                 | Name of Employer (for Individual)                                | Occupation (for Individual)                     | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>                                                                                           |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State                                           | Zip Code                 |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| Name of Employer (for Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Occupation (for Individual)                     |                          |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p><b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>Mailing Address</p> <table style="width: 100%;"> <tr> <td style="width: 35%;">City</td> <td style="width: 15%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 35%;">Name of Employer (for Individual)</td> <td style="width: 65%;">Occupation (for Individual)</td> </tr> </table> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify)</p> <p style="text-align: right;">Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;"></span></p>                                                                                                                                                                                                                |                                                 |                          | City                                                                                                  | State              | Zip Code                 | Name of Employer (for Individual)                                | Occupation (for Individual)                     | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span></p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;"></span></p> <p><input type="checkbox"/> Memo Item</p>                                                                                           |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State                                           | Zip Code                 |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| Name of Employer (for Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Occupation (for Individual)                     |                          |                                                                                                       |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                          | <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">5000.00</span></p> |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                          | <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">5000.00</span></p> |                    |                          |                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                 |  |

**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 7 OF 12

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

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address PO Box 84314

City  
Baton RougeState  
LAZip Code  
70884Purpose of Disbursement  
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.6551**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.6574**

Amount of Each Disbursement this Period

1277.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 9 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

**C****Transaction ID : SB21B.6550**

Amount of Each Disbursement this Period

84.99

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

1555.04

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

1555.04

**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 8 OF 12

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

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. CISNEROS FOR CONGRESS**

Mailing Address P.O. BOX 40

City  
PLACENTIAState  
CAZip Code  
92871Purpose of Disbursement  
Contribution

Candidate Name

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

State: CA District: 39

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 03    | / | 2020      |

FEC Identification Number

**C** C00650648**Transaction ID : SB23.6546**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CLIFFORD FOR CONGRESS**

Mailing Address PO BOX 1342

City  
GARDEN CITYState  
KSZip Code  
67846Purpose of Disbursement  
Contribution

Candidate Name

**CLIFFORD, BILL, , DR.,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 26    | / | 2020      |

FEC Identification Number

**C** C00719278**Transaction ID : SB23.6559**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JACKIE GORDON FOR CONGRESS**

Mailing Address PO BOX 456

City  
COPIAGUEState  
NYZip Code  
11726Purpose of Disbursement  
Contribution

Candidate Name

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

State: NY District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 26    | / | 2020      |

FEC Identification Number

**C** C00706549**Transaction ID : SB23.6555**

Amount of Each Disbursement this Period

2500.00

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

7500.00



**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 9 OF 12

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

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. JIMMY PANETTA FOR CONGRESS**

Mailing Address PO BOX 1579

City  
CARMEL VALLEYState  
CAZip Code  
93924Purpose of Disbursement  
Contribution

Candidate Name

**PANETTA, JIMMY, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 20

Date of Disbursement

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

FEC Identification Number

**C** C00592154**Transaction ID : SB23.6542**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KAHELE FOR CONGRESS**

Mailing Address P.O. BOX 4952

City  
HILOState  
HIZip Code  
96720Purpose of Disbursement  
Contribution

Candidate Name

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

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   |   | 2 | 7 |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

**C** C00694604**Transaction ID : SB23.6570**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City  
OTTAWAState  
ILZip Code  
61350Purpose of Disbursement  
Contribution

Candidate Name

**KINZINGER, ADAM, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 16

Date of Disbursement

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

FEC Identification Number

**C** C00458877**Transaction ID : SB23.6554**

Amount of Each Disbursement this Period

2500.00

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

7500.00

**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 10 OF 12

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

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. MCDERMOTT FOR CONGRESS**

Mailing Address 7428 CALUMET AVE

City  
HAMMONDState  
INZip Code  
46324Purpose of Disbursement  
Contribution

Candidate Name

**MCDERMOTT, THOMAS, M., , Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

**C** C00726018**Transaction ID : SB23.6562**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE GARCIA FOR CONGRESS**

Mailing Address 1451 QUAIL STREET, SUITE 101

City  
NEWPORT BEACHState  
CAZip Code  
92660Purpose of Disbursement  
Contribution

Candidate Name

**GARCIA, MICHAEL, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 25

Special-Runoff

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

**C** C00701102**Transaction ID : SB23.6568**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILLER-MEEKS FOR CONGRESS**

Mailing Address PO BOX 33

City  
OTTUMWAState  
IAZip Code  
52501Purpose of Disbursement  
Contribution

Candidate Name

**MILLER-MEEKS, MARIANNETTE JANE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 0 |   |   |

FEC Identification Number

**C** C00558825**Transaction ID : SB23.6565**

Amount of Each Disbursement this Period

2500.00

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

7500.00

**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 11 OF 12

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

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. SALUD CARBAJAL FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 03    |   | 2020      |

Mailing Address PO BOX 1290

FEC Identification Number

**C** C00576041**Transaction ID : SB23.6547**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity  
SANTA BARBARAState  
CAZip Code  
93102Purpose of Disbursement  
ContributionCategory/  
Type

Candidate Name

**CARBAJAL, SALUD, O., ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 24

Full Name (Last, First, Middle Initial)

**B. SLOCUM FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 26    |   | 2020      |

Mailing Address 51194 ROMEO PLANK RD #222

FEC Identification Number

**C** C00723742**Transaction ID : SB23.6552**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity  
MACOMBState  
MIZip Code  
48042Purpose of Disbursement  
ContributionCategory/  
Type

Candidate Name

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

State: MI District: 10

Full Name (Last, First, Middle Initial)

**C. VAN TAYLOR CAMPAIGN**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 03    |   | 2020      |

Mailing Address 1900 PRESTON ROAD #267 - PMB 229

FEC Identification Number

**C** C00653634**Transaction ID : SB23.6545**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity  
PLANOState  
TXZip Code  
75093Purpose of Disbursement  
ContributionCategory/  
Type

Candidate Name

**TAYLOR, NICHOLAS, V., ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2020  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

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

7500.00

# **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)

PAGE 12 OF 12

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

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NAME OF COMMITTEE (In Full)

**WITH HONOR PAC**

Full Name (Last, First, Middle Initial)

**A. With Honor Action, Inc.**

Mailing Address PO Box 1115

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement  
In Kind: Strategic Consulting

Candidate Name

**PFLUGER, AUGUST LEE II, , ,**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 11

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2020

FEC Identification Number

**C** H0TX11230

**Transaction ID : SB23.6544**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

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: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

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)..... ►

1000.00

31000.00