

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

2023 JUL 20 AM 1:04

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

COMMITTEE FOR AMERICAN SOVEREIGNTY

ADDRESS (number and street) **18301 VON KARMAN AVE**

Check if different than previously reported. (ACC) **SUITE 570**

IRVINE CA 92612

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00614370 **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST-Election** Report for the:

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 Pamela Jensen

Signature of Treasurer *Pamela Jensen* Date 07 / 27 / 2023

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

NON-PROFIT ORGANIZATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2023

To:

MM / DD / YYYY
06 / 30 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2023	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	0.00
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.00	0.00
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	17925.22	0.00

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

**DETAILED SUMMARY PAGE
of Receipts**

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Write or Type Committee Name

Committee for American Sovereignty

Report Covering the Period: From: **01** / **01** / **2023** To: **06** / **30** / **2023**

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

	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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

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DETAILED SUMMARY PAGE of Disbursements

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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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	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))	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

DETAILED SUMMARY PAGE
of Disbursements

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

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

COMMITTEE FOR AMERICAN SOVEREIGNTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ECONOMIC DEVELOPMENT DEPARTMENT

Nature of Debt (Purpose):

Payroll Withholdings and Employer Taxes

Mailing Address

PO BOX 989071

City

Sacramento

State

CA

Zip Code

96798

Outstanding Balance Beginning This Period

3,229.07

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3,229.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTERNAL REVENUE SERVICE

Nature of Debt (Purpose):

Payroll Withholdings and Employer Taxes

Mailing Address

Service Center

City

Ogden

State

UT

Zip Code

84201

Outstanding Balance Beginning This Period

14,696.15

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14,696.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ▶

0.00

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

17,925.22

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

17,925.22

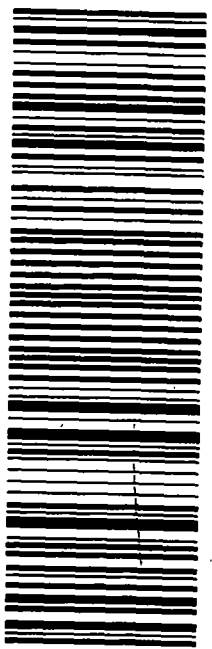
2025 RELEASE UNDER E.O. 14176

FedEx
 TRK# 8179 3935 9631
 STANDARD OVERNIGHT

XE JPN A

20002
 DC-US
 IAD

FRI - 28 JUL AA



3743750 27JUL2023 NZJA 60164/6A/E4/C088
FedEx Package
 Express US Airbill
 FedEx Tracking Number **8179 3935 9631**

1 From Date **7-27-23**

Sender's Name **Pamela Jensen** Phone

Company **STANBROOK ASSOCIATES**

Address **11001 GUY KENNETH BLVD STE 200**

City **SPRINGFIELD** State **VA** ZIP **22154**

2 Your Internal Billing Reference

3 To Recipient's Name **Federal Elections Comm** Phone **800 421-9530**

Company **F.E.C.**

Address **1050 First Street NE**

City **Washington** State **DC** ZIP **20002**



8179 3935 9631

RT **724** 2
 FZ 16:30
 9631 07:28

From ID# **0215**

4 Express Package Service - Transit location

Recipient's Copy

Next Business Day

FedEx First Overnight
 Earliest next business morning delivery to select locations. Monday shipments will be delivered on Monday unless Saturday delivery is selected.

FedEx Priority Overnight
 Next business morning - Friday shipments will be delivered on Monday unless Saturday delivery is selected.

FedEx Standard Overnight
 Next business morning - Saturday delivery NOT available.

2 or 3 Business Days

FedEx 2Day A.M.
 Second business morning - Saturday delivery NOT available.

FedEx 2Day
 Second business afternoon - Thursday shipments will be delivered on Monday unless Saturday delivery is selected.

FedEx Express Saver
 Third business day - Saturday delivery NOT available.

5 Packaging - Fedex's value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options - Restrictions apply. See the FedEx Service Guide.

Saturday Delivery - NOT available for FedEx Standard Overnight, FedEx Day A.M. or FedEx Express Saver.

No Signature Required - Packaging may be left without signature at recipient's address.
 Direct Signature - Someone at recipient's address must sign for delivery.
 Indirect Signature - If no one is available at recipient's address, someone at a nearby FedEx location will sign for you.

Does this shipment contain dangerous goods?
 No Yes
 One box must be checked. Yes in Declaration and required Dry Ice and/or Cargos Aircraft Only.

7 Payment Bill to:

Sender Recipient Third Party

Total Packages **1** Total Weight **1.0** lbs

Obtain receipt from FedEx Act No. **611**

fedex.com 1.800.GoFedEx 1.800.463.3339

Insert shipping document here.

NONM | ON | N00 | ON | 0047N0100

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <div style="text-align: center; font-size: 1.2em; font-family: cursive;">FEDEX</div>	Shipping Date <div style="text-align: center; font-size: 1.2em; font-family: cursive;">7/27/23</div> Date of Receipt <div style="text-align: center; font-size: 1.2em; font-family: cursive;">7/28/23</div> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="font-size: 1.5em; font-family: cursive;">WSD</div> PREPARER (4/2023)	<div style="font-size: 1.5em; font-family: cursive;">7/28/23</div> DATE PREPARED

1-800-438-3030