

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

Office Use Only

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

12FE4M5

CRAIG HAGGARD EXPLORATORY COMMITTEE

ADDRESS (number and street)

PO BOX 1053

Check if different
than previously
reported. (ACC)

MOORESVILLE

IN

46158

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00855890

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IN

04

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)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

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

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 BROGHAMER, KEVIN, , ,

Signature of Treasurer

BROGHAMER, KEVIN, , ,

Date

M M / D D / Y Y Y Y
04 / 15 / 2024

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 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CRAIG HAGGARD EXPLORATORY COMMITTEE

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	20975.00	39642.80
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	20975.00	39642.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8591.27	9029.59
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8591.27	9029.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	30613.21	
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	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CRAIG HAGGARD EXPLORATORY COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2024

To:

MM / DD / YYYY
03 / 31 / 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than
Political Committees****(i) Itemized (use Schedule A).....**

11350.00

28812.80

(ii) Unitemized

625.00

830.00

**(iii) TOTAL of contributions
from individuals**

11975.00

29642.80

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

9000.00

10000.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

20975.00

39642.80

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

20975.00

39642.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8591.27	9029.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8591.27	9029.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18229.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20975.00
25. SUBTOTAL (add Line 23 and Line 24).....	39204.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8591.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30613.21

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

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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

AUBIN, LUDGER, CHESTER, MR.,

Mailing Address 5520 WEST 200 NORTH

City

BARGERSVILLE

State

IN

Zip Code

46106-9469

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON COUNTY REMC

Occupation

EXECUTIVE

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

Transaction ID : SA11A.132

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

DUNKLE, DAVID, , ,

Mailing Address 3633 OLIVE BRANCH ROAD

City

GREENWOOD

State

IN

Zip Code

46143-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON MEMORIAL HEALTH

Occupation

PHYSICIAN/ADMINISTRATOR

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	2	4

Transaction ID : SA11A.139

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANKLIN, JASON, , ,

Mailing Address 2019 STERLING OAKS DRIVE

City

SELLERSBURG

State

IN

Zip Code

47172-9806

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGH CALIBER CABINETRY

Occupation

DESIGN/SALES

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	2	4

Transaction ID : SA11A.128

Amount of Each Receipt this Period

250.00

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

1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

HAGGARD, HERBERT, C., MR.,

Mailing Address 7795 BIG BEND ROAD

City

MARTINSVILLE

State

IN

Zip Code

46151-7785

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	4

Transaction ID : SA11A.133

Amount of Each Receipt this Period

3000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HICKS, ALIAS, , ,

Mailing Address 9644 GREENTREE DRIVE

City

CARMEL

State

IN

Zip Code

46032-9098

FEC ID number of contributing
federal political committee.

C

Name of Employer

DHS - CBP

Occupation

BRANCH CHIEF

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	4

Transaction ID : SA11A.129

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOPKINS, TREG, , DR.,

Mailing Address 181 EAST COUNTY ROAD 1200 NORTH

City

ROACHDALE

State

IN

Zip Code

46172-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONNECTABLE EDUCATION

Occupation

NATIONAL DIRECT OF ADMIN. & LEADERSH

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

Transaction ID : SA11A.141

Amount of Each Receipt this Period

1250.00

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

4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

PRESSEL, JAMES, R., MR., JR.

A.

Mailing Address 1772 NORTH LOFGREN ROAD

City

ROLLING PRAIRIE

State

IN

Zip Code

46371-9521

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRESSEL ENTERPRISES, INC

Occupation

EXECUTIVE

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

Transaction ID : SA11A.125

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PURUCKER, JIM, , ,

B.

Mailing Address 144 SOUTH SHORE DRIVE

City

CULVER

State

IN

Zip Code

46511-8909

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHN FRICK & ASSOCIATES

Occupation

CONSULTANT

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	4

Transaction ID : SA11A.131

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SPILKER, CAROL, , ,

C.

Mailing Address 632 SOUTH 400 EAST

City

GREENFIELD

State

IN

Zip Code

46140-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	4

Transaction ID : SA11A.121

Amount of Each Receipt this Period

100.00

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

1350.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

SPILKER, CAROL, , ,

A.

Mailing Address 632 SOUTH 400 EAST

City

GREENFIELD

State

IN

Zip Code

46140-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11A.130

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

SPILKER, CAROL, , ,

Mailing Address 632 SOUTH 400 EAST

City

GREENFIELD

State

IN

Zip Code

46140-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		17		2024

Transaction ID : SA11A.138

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

CNP MEDICAL LLC

Mailing Address 6005 MILL OAK DRIVE

City

NOBLESVILLE

State

IN

Zip Code

46062-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.143

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTIONSEE PARTNERSHIP ATTRIBUTION; SEE
ATTRIBUTION BELOW**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

POE, CHRISTINE, , ,

A.

Mailing Address 6005 MILL OAK DRIVE

City

NOBLESVILLE

State

IN

Zip Code

46062-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNP MEDICAL LLC

Occupation

PARTNER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

Transaction ID : SA11A.145

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

SEE PARTNERSHIP ATTRIBUTION; PARTNERSHIP
ATTRIBUTION**B.**

Full Name (Last, First, Middle Initial)

CROWN SAFARI GROUP LLC

Mailing Address P.O. BOX 152

City

CAMBY

State

IN

Zip Code

46113-0152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	4

Transaction ID : SA11A.135

Amount of Each Receipt this Period

3300.00

☐ Memo Item

CONTRIBUTION

SEE PARTNERSHIP ATTRIBUTION; SEE
ATTRIBUTION BELOW**C.**

Full Name (Last, First, Middle Initial)

HAGGARD, BROOKE, , MRS.,

Mailing Address P.O. BOX 152

City

CAMBY

State

IN

Zip Code

46113-0152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROWN SAFARI GROUP LLC

Occupation

PARTNER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	4

Transaction ID : SA11A.136

Amount of Each Receipt this Period

3300.00

☒ Memo Item

CONTRIBUTION

SEE PARTNERSHIP ATTRIBUTION; PARTNERSHIP
ATTRIBUTION**SUBTOTAL** of Receipts This Page (optional).....▶

3300.00

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

11350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HAGGARD

Mailing Address 625 INDIANA 42

City

MOORESVILLE

State

IN

Zip Code

46158-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	4

Transaction ID : SA11C.124

Amount of Each Receipt this Period

1000.00



Memo Item

CONTRIBUTION

FEDERALLY PERMISSIBLE FUNDS

B.

Full Name (Last, First, Middle Initial)

CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERH

Mailing Address 101 CONSTITUTION AVENUE, NW
10TH FLOOR WEST

City

WASHINGTON

State

DC

Zip Code

20001-2153

FEC ID number of contributing
federal political committee.

C

C00001016

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

Transaction ID : SA11C.140

Amount of Each Receipt this Period

5000.00



Memo Item

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 150 POLITIC

Mailing Address 6200 JOLIET ROAD

City

COUNTRYSIDE

State

IL

Zip Code

60525-3957

FEC ID number of contributing
federal political committee.

C

C00142851

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	4

Transaction ID : SA11C.126

Amount of Each Receipt this Period

2500.00



Memo Item

CONTRIBUTION

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

8500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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			15

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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

ROGERS GROUP INC. PAC

A.

Mailing Address 421 GREAT CIRCLE RD

City
NASHVILLEState
TNZip Code
37228-1403FEC ID number of contributing
federal political committee.**C** C00277152

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11C.142

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-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 (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-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)..... ▶

500.00

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

9000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.I12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.I13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6.30

Transaction ID : SB17.I15

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

18.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	2		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

13.60

Transaction ID : SB17.I16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17.I17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	2		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.I18

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

28.20

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	2		2	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.I19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	3		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.I22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201Purpose of Disbursement
CREDIT CARD MERCHANT FEE

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
0	3		2	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.I23

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

48.90

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE STREET

City
NEWPORTState
KYZip Code
41071Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	2		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2854.50

Transaction ID : SB17.I21

☐ Memo Item**B. HG CREATIVE PARTNERS**

Mailing Address 8148 GWINNETT PLACE

City
INDIANAPOLISState
INZip Code
46250Purpose of Disbursement
PRINTING

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
0	1		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1409.32

Transaction ID : SB17.I10

☐ Memo Item**C. RHEIN CONSULTING LLC**

Mailing Address 18358 GOINS BOULEVARD

City
CARMELState
INZip Code
46074Purpose of Disbursement
FUNDRAISING CONSULTING

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
0	2		0	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

445.58

Transaction ID : SB17.I14

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

4709.40

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

CRAIG HAGGARD EXPLORATORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RHEIN CONSULTING LLC

Mailing Address 18358 GOINS BOULEVARD

City
CARMELState
INZip Code
46074Purpose of Disbursement
FUNDRAISING CONSULTING

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
0	2		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I20

☐ 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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3500.00

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

8350.60