

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

DARIUS MAYFIELD FOR AMERICA

ADDRESS (number and street)

PO BOX 405



Check if different  
than previously  
reported. (ACC)

HELMETTA

NJ

08828

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00766519

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

STATE ▼ DISTRICT

NJ

12

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  
2024

through

M M /

D D /

Y Y Y Y  
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

Curtis, Elizabeth, , ,

Signature of Treasurer

Curtis, Elizabeth, , ,

Date

M M /

D D /

Y Y Y Y  
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

DARIUS MAYFIELD FOR AMERICA

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 4591.00                 | 32285.80                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 75.00                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 4591.00                 | 32210.80                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 3834.70                 | 44131.18                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 20.23                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 3834.70                 | 44110.95                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 3538.06                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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](http://www.fec.gov).

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DARIUS MAYFIELD FOR AMERICA

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

| I. RECEIPTS                                                                                       | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                        |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                           |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                | 2130.00                       | 23911.00                           |
| (ii) Unitemized .....                                                                             | 1061.00                       | 6474.80                            |
| (iii) TOTAL of contributions from individuals .....                                               | 3191.00                       | 30385.80                           |
| (b) Political Party Committees.....                                                               | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs) .....                                               | 0.00                          | 500.00                             |
| (d) The Candidate .....                                                                           | 1400.00                       | 1400.00                            |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..            | 4591.00                       | 32285.80                           |
| 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                          | 20.23                              |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....                                              | 0.21                          | 0.84                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 4591.21                       | 32306.87                           |

# **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.....

3834.70

44131.18

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

75.00

(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

75.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

3834.70

44206.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

2781.55

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

4591.21

25. SUBTOTAL (add Line 23 and Line 24).....

7372.76

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

3834.70

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

3538.06

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

PAGE 5 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

Beri, Gagan, , ,

Mailing Address 74 Gallup Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

shg

Occupation

gastroenterologist

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 | 3 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15145

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

Briggs, Bob, , ,

Mailing Address 7980 Redwood Avenue

City

Fontana

State

CA

Zip Code

92336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DCI

Occupation

Owner

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : SA11AI.15112

Amount of Each Receipt this Period

200.00



Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

22564.00

Date of Receipt

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

Transaction ID : SA11AI.15112.0

Amount of Each Receipt this Period

200.00



Memo Item

Earmarked from conduit. PAC limit not affected.

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

700.00

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

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

PAGE 6 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

Briggs, Bob, , ,

**A.**

Mailing Address 7980 Redwood Avenue

City

Fontana

State

CA

Zip Code

92336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DCI

Occupation

Owner

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2024

Transaction ID : SA11AI.15107

Amount of Each Receipt this Period

200.00



Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

22824.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2024

Transaction ID : SA11AI.15107.0

Amount of Each Receipt this Period

200.00



Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Briggs, Bob, , ,

**C.**

Mailing Address 7980 Redwood Avenue

City

Fontana

State

CA

Zip Code

92336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DCI

Occupation

Owner

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID : SA11AI.15101

Amount of Each Receipt this Period

200.00



Memo Item

Earmarked from WinRed

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

400.00

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

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

PAGE 7 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

WINRED

**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23774.00

Date of Receipt

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

Transaction ID : SA11AI.15101.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Burke, Marilyn, , ,

**B.**

Mailing Address 313 E Main St

City

Davis

State

OK

Zip Code

73030

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

Name of Employer

Occupation

Marilyn's Ins and Real Estate

Ins Real Estate

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.15117

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22244.00

Date of Receipt

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

Transaction ID : SA11AI.15117.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

25.00

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

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

PAGE 8 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

Burke, Marilyn, , ,

**A.**

Mailing Address 313 E Main St

City  
DavisState  
OKZip Code  
73030FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marilyn's Ins and Real EstateOccupation  
Ins Real Estate

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 01 2024

Transaction ID : SA11AI.15111

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22589.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 01 2024

Transaction ID : SA11AI.15111.0

Amount of Each Receipt this Period

25.00

☒ Memo Item  
Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Burke, Marilyn, , ,

**C.**

Mailing Address 313 E Main St

City  
DavisState  
OKZip Code  
73030FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marilyn's Ins and Real EstateOccupation  
Ins Real Estate

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 01 2024

Transaction ID : SA11AI.15106

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Earmarked from WinRed

50.00

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

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

PAGE 9 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22849.00

Date of Receipt

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

Transaction ID : SA11AI.15106.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)  
Christie, Ellen, , ,**B.** Mailing Address 6 Venetian Way BCity  
Indian Harbour BeachState  
FLZip Code  
32937FEC ID number of contributing  
federal political committee.**C**Name of Employer  
retiredOccupation  
retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11AI.15163

Amount of Each Receipt this Period

25.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
Christie, Ellen, , ,**C.** Mailing Address 6 Venetian Way BCity  
Indian Harbour BeachState  
FLZip Code  
32937FEC ID number of contributing  
federal political committee.**C**Name of Employer  
retiredOccupation  
retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.15162

Amount of Each Receipt this Period

25.00

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

50.00

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

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

PAGE 10 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

Christie, Ellen, , ,

**A.**

Mailing Address 6 Venetian Way B

City

Indian Harbour Beach

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : SA11AI.15161

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Daniel, Karen, , ,

**B.**

Mailing Address 8233 Allendale Court

City

Naples

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID : SA11AI.15109

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22614.00

Date of Receipt

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

Transaction ID : SA11AI.15109.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

50.00

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

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

PAGE 11 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

Holstein, David, Brooks, ,

**A.**

Mailing Address 484 Jordan Drive

City

Biloxi

State

MS

Zip Code

39531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comvest Properties, LLC

Occupation

Real estate developer

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2024

Transaction ID : SA11AI.15103

Amount of Each Receipt this Period

200.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23574.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2024

Transaction ID : SA11AI.15103.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Jancourtz, Elaine, , ,

**C.**

Mailing Address 704 Aspen Drive

City

Plainsboro

State

NJ

Zip Code

08536

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 ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 29 2024

Transaction ID : SA11AI.15114

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked from WinRed

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

300.00

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

PAGE 12 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22364.00

Date of Receipt

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

Transaction ID : SA11AI.15114.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)  
Kirk, Julia, , ,**B.** Mailing Address 15080 Wellman RoadCity  
WinchesterState  
KSZip Code  
66097FEC ID number of contributing  
federal political committee.**C**Name of Employer  
retiredOccupation  
retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

95.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15104

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)  
WINRED**C.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23374.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15104.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

25.00

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

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

PAGE 13 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

McGraw, Craig, , ,

**A.**

Mailing Address 523 Apache Trail

City

Marlboro

State

NJ

Zip Code

07751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trans American Trucking

Occupation

Vp Sales Marketing

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 | 3 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15105

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23349.00

Date of Receipt

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

Transaction ID : SA11AI.15105.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Ross, Vicki, , ,

**C.**

Mailing Address 2119 McKenzie Drive

City

Anchorage

State

AK

Zip Code

99517

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 ▼

35.00

Date of Receipt

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

Transaction ID : SA11AI.15108

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmarked from WinRed

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

510.00

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

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

PAGE 14 OF 25

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

WINRED

**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22624.00

Date of Receipt

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

Transaction ID : SA11AI.15108.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

**B.**

Full Name (Last, First, Middle Initial)

tsamoutales, george, , ,

Mailing Address 16109 swanson road

City

Upper Marlboro

State

MD

Zip Code

20774

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 ▼

20.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15116

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked from WinRed

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22264.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11AI.15116.0

Amount of Each Receipt this Period

20.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

20.00

2130.00

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

PAGE 15 OF 25

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                          | 14                                      |                             |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

MAYFIELD, DARIUS, , ,

**A.**

Mailing Address 28 RIVER ROAD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing  
federal political committee.**C** H2NJ12127

Name of Employer

CEO

Occupation

Marvel US Management

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID : SA11D.15188

Amount of Each Receipt this Period

1400.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

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

1400.00

1400.00

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

PAGE 16 OF 25

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. Ad Victoriam**

Mailing Address 6525 Shiloh Rd

City  
AlpharettaState  
GAZip Code  
30005Purpose of Disbursement  
Online Fundraising Fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

56.25

Transaction ID : SB17.15119

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**Mailing Address 1340 Poydras St  
Ste 1770City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

77.44

Transaction ID : SB17.15183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAC Management**Mailing Address 950 N Washington St  
Ste 105City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.15060

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

633.69

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

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

PAGE 17 OF 25

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAC Management**Mailing Address 950 N Washington St  
Ste 105City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.15074

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAC Management**Mailing Address 950 N Washington St  
Ste 105City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.15081

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Red Fox Strategies**

Mailing Address 3919 Valley Ridge Rd

City  
FairfaxState  
VAZip Code  
22033Purpose of Disbursement  
Fundraising Commissions

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

254.00

Transaction ID : SB17.15080

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

1254.00

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

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

PAGE 18 OF 25

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

DARIUS MAYFIELD FOR AMERICA

Full Name (Last, First, Middle Initial)

**A. Red Fox Strategies**

Mailing Address 3919 Valley Ridge Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 11  |   | 2024    |

City  
FairfaxState  
VAZip Code  
22033

FEC Identification Number

C

Purpose of Disbursement  
Fundraising Consulting & Commission

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

508.00

Transaction ID : SB17.15088

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. Red Fox Strategies**

Mailing Address 3919 Valley Ridge Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2024    |

City  
FairfaxState  
VAZip Code  
22033

FEC Identification Number

C

Purpose of Disbursement  
Online Fundraising Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

412.35

Transaction ID : SB17.15184

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 09  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

C

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.15061

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

930.35

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

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

PAGE 19 OF 25

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.15067

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.15068

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.15071

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

43.00

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

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

PAGE 20 OF 25

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

DARIUS MAYFIELD FOR AMERICA

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 08  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

C

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.15075

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

C

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.15082

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

C

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.15083

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

38.00

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

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

PAGE 21 OF 25

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 29  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.15087

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 04  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.15079

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 06  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.15084

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

35.00

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

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

PAGE 22 OF 25

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 286 Milltown Rd

City  
East BrunswickState  
NJZip Code  
08816Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.15089

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 286 Milltown Rd

City  
East BrunswickState  
NJZip Code  
08816Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.15092

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 286 Milltown Rd

City  
East BrunswickState  
NJZip Code  
08816Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.15099

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

50.00

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

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

PAGE 23 OF 25

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 286 Milltown Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 29  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.15100

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 614 Cranbury Rd

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 16  |   | 2024    |

City  
East BrunswickState  
NJZip Code  
08816

FEC Identification Number

**C**Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

118.00

Transaction ID : SB17.15066

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. WinRed Technical Services LLC**Mailing Address 1776 Wilson Blvd  
Ste 530

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2024    |

City  
ArlingtonState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

116.45

Transaction ID : SB17.15118

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

237.45

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

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

PAGE 24 OF 25

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. Wix.com**Mailing Address 500 Tery A Francois Blvd  
Flr 6City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
Website Subscription

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.15059

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wix.com**Mailing Address 500 Tery A Francois Blvd  
Flr 6City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
Website Subscription

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.15062

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wix.com**Mailing Address 500 Tery A Francois Blvd  
Flr 6City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
Website Subscription

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.15076

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

442.00

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

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

PAGE 25 OF 25

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**DARIUS MAYFIELD FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. Wix.com**Mailing Address 500 Tery A Francois Blvd  
Flr 6City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
Website Subscription

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.15090

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | 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:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

29.00

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

3692.49