

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

Office Use Only

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

12FE4M5

WITH HONOR PAC

ADDRESS (number and street)

PO BOX 1843

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00661272

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

07

27

2021

in the
State of

TX

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

04

12

2021

through

M M M /

D D D /

Y Y Y Y Y Y

07

07

2021

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

KOCH, TIMOTHY, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

KOCH, TIMOTHY, A., ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

15

2021

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		12		2021

To:

M M	/	D D	/	Y Y Y Y Y
07		07		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">244415.15</td></tr></table>	244415.15				
Y	Y	Y	Y	Y													
2021																	
244415.15																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">218604.04</td></tr></table>	218604.04															
218604.04																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">76100.00</td></tr></table>	76100.00					<table><tr><td colspan="5">98550.00</td></tr></table>	98550.00									
76100.00																	
98550.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">294704.04</td></tr></table>	294704.04					<table><tr><td colspan="5">342965.15</td></tr></table>	342965.15									
294704.04																	
342965.15																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">21195.17</td></tr></table>	21195.17					<table><tr><td colspan="5">69456.28</td></tr></table>	69456.28									
21195.17																	
69456.28																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">273508.87</td></tr></table>	273508.87					<table><tr><td colspan="5">273508.87</td></tr></table>	273508.87									
273508.87																	
273508.87																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WITH HONOR PAC

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76000.00	93250.00
(ii) Unitemized	100.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	76100.00	93550.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	76100.00	98550.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76100.00	98550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76100.00	98550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4195.17	7456.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4195.17	7456.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	62000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21195.17	69456.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21195.17	69456.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76100.00	98550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76100.00	98550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4195.17	7456.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4195.17	7456.28

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

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

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

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

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

NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Bezos, Jacklyn, , ,

Mailing Address 7683 SE 27th St
Suite 224

City
Mercer Island

State
WA

Zip Code
98040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2021

Transaction ID : SA11AI.6976

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

B. Bezos, Miguel, , ,

Mailing Address 7683 SE 27th St
Suite 224

City
Mercer Island

State
WA

Zip Code
98040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2021

Transaction ID : SA11AI.6975

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

C. Bos, Peter, , ,

Mailing Address PO Box 489

City
Naples

State
FL

Zip Code
34106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2021

Transaction ID : SA11AI.6962

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 18

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

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. Brierley, Diane, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4324 St. Johns Dr City Dallas State TX Zip Code 75205 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2021 Transaction ID : SA11AI.6949 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
B. Brierley, Harold, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4324 St Johns Dr City Dallas State TX Zip Code 75205 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) The Brierley Group, LLC Occupation (for Individual) Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 14 / 2021 Transaction ID : SA11AI.6948 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
C. Chesebro, Kenneth, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 25 Northern Ave. 1506 City Boston State MA Zip Code 02210 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self-Employed Occupation (for Individual) Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2021 Transaction ID : SA11AI.6984 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			15000.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

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

A. Cooper-Bos, Sissel, H., ,

Mailing Address PO Box 489

City
Naples

State
FL

Zip Code
34106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2021

Transaction ID : SA11AI.6963

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

B. Crowley, John, , ,

Mailing Address 15 Leonard Court

City
Princeton

State
NJ

Zip Code
08540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amicus Therapeutics, Inc

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2021

Transaction ID : SA11AI.6947

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

C. Foshee, Doug, , ,

Mailing Address 3504 Georgetown Street

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sallyport Investments

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2021

Transaction ID : SA11AI.6951

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WITH HONOR PAC

A. Foshee, Sarah, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3504 Georgetown Street City Houston State TX Zip Code 77005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2021 Transaction ID : SA11AI.6952 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
B. Morton, Patricia, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 700 Hempstead Place City Charlotte State NC Zip Code 28207 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2021 Transaction ID : SA11AI.6965 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
C. Morton, Thruston, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 700 Hempstead Place City Charlotte State NC Zip Code 28207 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2021 Transaction ID : SA11AI.6968 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)..... ▶			15000.00
TOTAL This Period (last page this line number only)..... ▶			

X	11a		11b		11c		12		
	13		14		15		16		17

WITH HONOR PAC

FEC Schedule A (Form 3X) Rev. 06/2016

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

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

FOR LINE NUMBER: PAGE 11 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Susser, Sam, L., ,		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2021 Transaction ID : SA11AI.6955	
Mailing Address 800 N Shoreline Blvd Suite 2200 North		Amount of Each Receipt this Period 5000.00	
City Corpus Christi	State TX	Zip Code 78401	<input type="checkbox"/> Memo Item Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00	
Name of Employer (for Individual) Susser Bank Holdings		Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		5000.00	
TOTAL This Period (last page this line number only).....		76000.00	

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.6950**

Amount of Each Disbursement this Period

195.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.6953**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.6954**

Amount of Each Disbursement this Period

192.80

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

580.63

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

PAGE 13 OF 18

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2021

FEC Identification Number

C**Transaction ID : SB21B.6970**

Amount of Each Disbursement this Period

385.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

FEC Identification Number

C**Transaction ID : SB21B.6980**

Amount of Each Disbursement this Period

385.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2021

FEC Identification Number

C**Transaction ID : SB21B.6981**

Amount of Each Disbursement this Period

38.80

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

810.00

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2021

FEC Identification Number

C**Transaction ID : SB21B.6987**

Amount of Each Disbursement this Period

4.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2021

FEC Identification Number

C**Transaction ID : SB21B.6997**

Amount of Each Disbursement this Period

192.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St, Suite 1770

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2021

FEC Identification Number

C**Transaction ID : SB21B.6998**

Amount of Each Disbursement this Period

385.60

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

582.55

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.6956**

Amount of Each Disbursement this Period

656.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.6977**

Amount of Each Disbursement this Period

895.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Koch & Hoos, LLCMailing Address 901 N Washington St
Ste 700City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.7000**

Amount of Each Disbursement this Period

575.00

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

2126.89

4100.07

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City
DEVONState
PAZip Code
19333Purpose of Disbursement
Contribution

Candidate Name

HOULAHAN, CHRISSY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	1		

FEC Identification Number

C C00637371**Transaction ID : SB23.6988**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT JARED GOLDEN

Mailing Address PO BOX 7108

City
LEWISTONState
MEZip Code
04240Purpose of Disbursement
Contribution

Candidate Name

GOLDEN, JARED, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	1		

FEC Identification Number

C C00653816**Transaction ID : SB23.6958**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JAKE ELLZEY FOR CONGRESS

Mailing Address PO BOX 341027

City
AUSTINState
TXZip Code
78734Purpose of Disbursement
Contribution

Candidate Name

ELLZEY, JOHN KEVIN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2021

☐ Primary ☐ General
☒ Other (specify) ▼

State: TX

District: 06

Spec Gen Runoff

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	2	1		

FEC Identification Number

C C00770438**Transaction ID : SB23.6972**

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. KAHELE FOR CONGRESS

Mailing Address P.O. BOX 4952

City
HILOState
HIZip Code
96720Purpose of Disbursement
Contribution

Candidate Name

KAHELE, KAIALI'I, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	1		

FEC Identification Number

C C00694604**Transaction ID : SB23.6971**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAHELE FOR CONGRESS

Mailing Address P.O. BOX 4952

City
HILOState
HIZip Code
96720Purpose of Disbursement
Contribution

Candidate Name

KAHELE, KAIALI'I, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	1		

FEC Identification Number

C C00694604**Transaction ID : SB23.6991**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKIE SHERRILL FOR CONGRESS

Mailing Address P.O. BOX 43032

City
MONTCLAIRState
NJZip Code
07043Purpose of Disbursement
Contribution

Candidate Name

SHERRILL, REBECCA MICHELLE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	1		

FEC Identification Number

C C00640003**Transaction ID : SB23.6959**

Amount of Each Disbursement this Period

2500.00

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

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

PAGE 18 OF 18

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

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NAME OF COMMITTEE (In Full)

WITH HONOR PAC

Full Name (Last, First, Middle Initial)

A. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City
SANTA BARBARAState
CAZip Code
93102Purpose of Disbursement
Contribution

Candidate Name

CARBAJAL, SALUD, O., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 24

Date of Disbursement

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

FEC Identification Number

C C00576041**Transaction ID : SB23.6999**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TAKING THE HILL PACMailing Address 499 S CAPITOL STREET, SW
SUITE 422City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2021

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Annual

Date of Disbursement

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

FEC Identification Number

C C00677591**Transaction ID : SB23.6974**

Amount of Each Disbursement this Period

1000.00

☐ 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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3500.00

17000.00