

**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

LANGWORTHY FOR CONGRESS

ADDRESS (number and street)

PO BOX 120



Check if different than previously reported. (ACC)

CLARENCE

NY

14031-0120

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00817932

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NY

23

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

04

D D / Y Y Y Y

01

Y Y Y Y

2023

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2023

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

BROGHAMER, KEVIN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

13

Y Y Y Y

2023

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 137

Write or Type Committee Name  
**LANGWORTHY FOR CONGRESS**

Report Covering the Period:

From:

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

To:

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

|                                                                                                                  | 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))....                                              | 234247.00               | 418049.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 1321.85                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 234247.00               | 416727.15                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 70933.40                | 118648.75                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 578.90                  | 2086.54                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 70354.50                | 116562.21                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 411676.02               |                                    |
| 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:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 137

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LANGWORTHY FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

127553.00

216003.00

(ii) Unitemized .....

12120.00

19222.00

(iii) TOTAL of contributions  
from individuals ▶

139673.00

235225.00

(b) Political Party Committees.....

400.00

2000.00

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

94174.00

180824.00

(d) The Candidate .....

0.00

0.00

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

234247.00

418049.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

8420.23

55626.03

## 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.) .....

578.90

2086.54

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

0.00

0.00

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

243246.13

475761.57

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 137

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 70933.40                      | 118648.75                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 1321.85                            |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 1321.85                            |
| 21. OTHER DISBURSEMENTS .....                                                | 24000.00                      | 46700.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 94933.40                      | 166670.60                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 263363.29 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 243246.13 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 506609.42 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 94933.40  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 411676.02 |

**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 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ADAMS, BART, A., ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 1219 ABBOTT RD                                                                                                                  |             |                                     | Transaction ID : A962F8AA2649C46F5942                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14218-1901              | Amount of Each Receipt this Period<br>200.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>ALLEN, SCOTT, S., , JR.</b>                                                             |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 201 ADMIRALS WALK                                                                                                               |             |                                     | Transaction ID : A8B667B6436A1449CA07                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14202-4331              | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>LIPPES MATHIAS LLP                                                                                                          |             | Occupation<br>ATTORNEY              |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>ARTHUR, BRADLEY, J., ,</b>                                                              |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 20 HUNT CLUB CIR<br>APT A                                                                                                       |             |                                     | Transaction ID : ABF9FBEE156FF4738A0F                      |  |
| City<br>EAST AMHERST                                                                                                                            | State<br>NY | Zip Code<br>14051-1789              | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>BLACK ROCK PHARMACY, INC.                                                                                                   |             | Occupation<br>PHARMACIST            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 3750.00                                                    |  |
| <b>TOTAL</b> 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 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>ASKEW, WHITAKER, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 20 / 2023 |  |
| Mailing Address 7614 HOLIDAY DR                                                                                                                 |             |                                    | Transaction ID : A5550C8CED4A247C3BA3                      |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22308-1032             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer<br>SUBJECT MATTER                                                                                                              |             | Occupation<br>CONSULTANT           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>BANKS, BRADFORD, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 26 / 2023 |  |
| Mailing Address 5170 STRICKLER RD                                                                                                               |             |                                    | Transaction ID : ADFE2A552593A45E5836                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1545             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BANKS, BRADFORD, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5170 STRICKLER RD                                                                                                               |             |                                    | Transaction ID : A7B9D67E721354B0E966                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1545             | Amount of Each Receipt this Period<br>100.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>600.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 1100.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                    |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>BARCLAY DAMON LLP</b>                                                                   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 125 E JEFFERSON ST                                                                                                              |             |                                     | Transaction ID : AFB53864FE0BC4582A10                      |  |
| City<br>SYRACUSE                                                                                                                                | State<br>NY | Zip Code<br>13202-2020              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>SEE ATTRIBUTIONS       |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>BLEIBERG, PAUL, E., ,</b>                                                               |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 07 / 2023 |  |
| Mailing Address 2401 CALVERT ST NW<br>APT 321                                                                                                   |             |                                     | Transaction ID : A6AAB3DE834A145718E1                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20008-2662              | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>NATIONAL MILK PRODUCERS FEDERATION                                                                                          |             | Occupation<br>DIRECTOR              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>550.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BOGULSKI, FRANK, M., ,</b>                                                              |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 135 DELAWARE AVE<br>STE 2                                                                                                       |             |                                     | Transaction ID : A3AD3CC3710764AE498E                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14202-2415              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>ATTORNEY              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 1750.00                                                    |  |
| <b>TOTAL</b> 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 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>BOWERS, KIM, M., ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 25 BURBANK DR                                                                                                                   |             |                                     | Transaction ID : A62AA93BA07964182896                      |  |
| City<br>ORCHARD PARK                                                                                                                            | State<br>NY | Zip Code<br>14127-2369              | Amount of Each Receipt this Period<br>75.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>ECWA                                                                                                                        |             | Occupation<br>ADMIN ASST            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>575.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>BRONSKY, SAMUEL, M., ,</b>                                                              |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 66 WOODBURY DR                                                                                                                  |             |                                     | Transaction ID : ABA827B1B583940F4B9C                      |  |
| City<br>AMHERST                                                                                                                                 | State<br>NY | Zip Code<br>14226-3533              | Amount of Each Receipt this Period<br>100.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>BRONSKY & COMPANY, CPAS                                                                                                     |             | Occupation<br>FOUNDER               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>225.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BRYLINSKI, JAMES, C., ,</b>                                                             |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 6631 JEWETT HOLMWOOD ROAD                                                                                                       |             |                                     | Transaction ID : AF5341B558EC94431A29                      |  |
| City<br>ORCHARD PARK                                                                                                                            | State<br>NY | Zip Code<br>14127-3019              | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>US DEPT. OF HOUSING URBAN DEVELOPME                                                                                         |             | Occupation<br>ATTORNEY              |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>5250.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 425.00                                                     |  |
| <b>TOTAL</b> 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 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>BURNS, JOSEPH, T., ,</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 1811 NORTHWOOD DR                                                                                                               |             |                                       | Transaction ID : A266F7332AAA54BEDA30                      |  |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY | Zip Code<br>14221-3880                | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>ERIE COUNTY WATER AUTHORITY                                                                                                 |             | Occupation<br>LAWYER                  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>350.00    |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>BURNS, JOSEPH, T., ,</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 1811 NORTHWOOD DR                                                                                                               |             |                                       | Transaction ID : A20E70C57EF65463CBBC                      |  |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY | Zip Code<br>14221-3880                | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>ERIE COUNTY WATER AUTHORITY                                                                                                 |             | Occupation<br>LAWYER                  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>600.00    |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>BURNS, JOSEPH, T., ,</b>                                                                |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 1811 NORTHWOOD DR                                                                                                               |             |                                       | Transaction ID : A1AC7DE35241F4652BAC                      |  |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY | Zip Code<br>14221-3880                | Amount of Each Receipt this Period<br>75.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>ERIE COUNTY WATER AUTHORITY                                                                                                 |             | Occupation<br>LAWYER                  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>675.00    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                       | 575.00                                                     |  |
| <b>TOTAL</b> 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 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>CANADA, JERRY, G., , JR.</b>                                                            |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 2148 RIVER RD                                                                                                                   |             |                                    | Transaction ID : A7F3961251AAC4606BD4                      |  |
| City<br>NIAGARA FALLS                                                                                                                           | State<br>NY | Zip Code<br>14304-3750             | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>HARRIS COMPUTER SYSTEMS                                                                                                     |             | Occupation<br>MANAGER              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>CANSDALE, WILLIAM, G., ,</b>                                                            |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 27 / 2023 |  |
| Mailing Address 34 BRIARWOOD DR                                                                                                                 |             |                                    | Transaction ID : ABCDA70E67B6340FDBC4                      |  |
| City<br>LANCASTER                                                                                                                               | State<br>NY | Zip Code<br>14086-2904             | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>VILLAGE OF LANCASTER                                                                                                        |             | Occupation<br>SUPERINTENDENT       |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>355.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>CASILIO, PATRICK, , , JR.</b>                                                           |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 4434 WESTWOOD RD                                                                                                                |             |                                    | Transaction ID : AC4799A00E4E7466D91F                      |  |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY | Zip Code<br>14221-6143             | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer<br>ELECTED OFFICIAL                                                                                                            |             | Occupation<br>SUPERVISOR           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 750.00                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                    |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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PAGE 11 OF 137

|                                         |                              |                              |                              |                             |
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| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                      |                                                      |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>CEDERBAUM, HARRY, , ,</b>                                                               |                                      |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 226 STEVEN PL                                                                                                                   |                                      |                                                      | Transaction ID : ACC49A9F5E6BC4C5AB0C                        |  |
| City<br>WOODMERE                                                                                                                                | State<br>NY                          | Zip Code<br>11598-2533                               | Amount of Each Receipt this Period<br>500.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                      | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                              |  |
| Name of Employer<br>TWILLORY                                                                                                                    | Occupation<br>COO                    |                                                      |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00   |                                                      |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |                                      |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |                                      |                                                      | Transaction ID : A6ECD42F8B48642BDA11                        |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ                          | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>500.00                 |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |                                      | Memo Item<br>INTERMEDIARY                            |                                                              |  |
| Name of Employer                                                                                                                                | Occupation                           |                                                      | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.     |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>16249.00 |                                                      |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>CHANG, SHUCHUAN, , ,</b>                                                                |                                      |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 825 PARTRIDGE DRIVE                                                                                                             |                                      |                                                      | Transaction ID : A085417397CD44D36AFD                        |  |
| City<br>BRIDGEWATER                                                                                                                             | State<br>NJ                          | Zip Code<br>08807-1863                               | Amount of Each Receipt this Period<br>1000.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                      | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                              |  |
| Name of Employer<br>BRIDGEWATER EDUCATION                                                                                                       | Occupation<br>SUBSTITUTE TEACHER     |                                                      |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00  |                                                      |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |                                      |                                                      | 1500.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |                                      |                                                      |                                                              |  |

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

PAGE 12 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                | Transaction ID : ADAA51ADE66D24BD4A24                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                         | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation                                 |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                           |                                                            |  |
| Full Name (Last, First, Middle Initial)<br><b>B. CHIANG, MING, , ,</b>                                                                          |             |                                                                | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 26 / 2023 |  |
| Mailing Address 38 WILLIAM STREET                                                                                                               |             |                                                                | Transaction ID : A3920A4348079460DA5E                      |  |
| City<br>AMITYVILLE                                                                                                                              | State<br>NY | Zip Code<br>11701-2916                                         | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>YU SHAN COMPANY<br>Occupation<br>PRESIDENT |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                             |                                                            |  |
| Full Name (Last, First, Middle Initial)<br><b>C. WINRED</b>                                                                                     |             |                                                                | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 26 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                | Transaction ID : A9AB8DEDDAB5246C5A85                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                         | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation                                 |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                           |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                | 500.00                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
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(check only one)

PAGE 13 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>CHIN, CALVIN, , ,</b>                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 25 / 2023 |  |
| Mailing Address 143 W MAIN ST                                                                                                                   |             |                                                      | Transaction ID : A974D37CC0B1044F2A36                      |  |
| City<br>TARRYTOWN                                                                                                                               | State<br>NY | Zip Code<br>10591-3674                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 25 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : AC47EA38A683F46798EF                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>COLAIACOVO, LORETTA, D., ,</b>                                                          |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 9151 WOLCOTT RD                                                                                                                 |             |                                                      | Transaction ID : A06BD9F9D4AA24C52A94                      |  |
| City<br>CLARENCE CENTER                                                                                                                         | State<br>NY | Zip Code<br>14032-9125                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 500.00                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                      |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
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PAGE 14 OF 137

|                                         |                              |                              |                              |                             |
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| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                   |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>COOLEY, WILLIAM, J., ,</b>                                                              |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 20 FOX CHAPEL DR                                                                                                                |             |                                   | Transaction ID : A310CABF035EC40F1808                      |  |
| City<br>ORCHARD PARK                                                                                                                            | State<br>NY | Zip Code<br>14127-3024            | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>ERIE COUNTY SHERIFFS DEPARTMENT                                                                                             |             | Occupation<br>UNDERSHERIFF        |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>COTTRELL, CHARLES, D., ,</b>                                                            |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 119 ALEXANDER DR                                                                                                                |             |                                   | Transaction ID : A7C0D5AD67D4A4946AA1                      |  |
| City<br>BREWTON                                                                                                                                 | State<br>AL | Zip Code<br>36426-4001            | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>MEDICAL CENTER PHARMACY                                                                                                     |             | Occupation<br>OWNER/MANAGER       |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>CUTAIA, ANTHONY, J., ,</b>                                                              |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5360 GENESEE ST<br>STE 201                                                                                                      |             |                                   | Transaction ID : A6B222D717DFB4754AAB                      |  |
| City<br>BOWMANVILLE                                                                                                                             | State<br>NY | Zip Code<br>14026-1044            | Amount of Each Receipt this Period<br>6600.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>SEE REDESIGNATION    |                                                            |  |
| Name of Employer<br>RANE MANAGEMENT                                                                                                             |             | Occupation<br>OWNER               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>6600.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                   | 7850.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                   |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
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PAGE 15 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>CUTAIA, ANTHONY, J., ,</b>                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5360 GENESEE ST<br>STE 201                                                                                                      |             |                                                      | Transaction ID : AE0D624F1BE794D379D9                      |  |
| City<br>BOWMANVILLE                                                                                                                             | State<br>NY | Zip Code<br>14026-1044                               | Amount of Each Receipt this Period<br>- 3300.00            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REDESIGNATION FROM                      |                                                            |  |
| Name of Employer<br>RANE MANAGEMENT                                                                                                             |             | Occupation<br>OWNER                                  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>CUTAIA, ANTHONY, J., ,</b>                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5360 GENESEE ST<br>STE 201                                                                                                      |             |                                                      | Transaction ID : AE2610600424F48CB871                      |  |
| City<br>BOWMANVILLE                                                                                                                             | State<br>NY | Zip Code<br>14026-1044                               | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REDESIGNATION TO                        |                                                            |  |
| Name of Employer<br>RANE MANAGEMENT                                                                                                             |             | Occupation<br>OWNER                                  |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>DAVIS, NAOMI, , ,</b>                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 4 COPPERBEECH LN                                                                                                                |             |                                                      | Transaction ID : A74B0D0F53C2A42FD87A                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2606                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>HOMEMAKER                                                                                                                   |             | Occupation<br>HOMEMAKER                              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 500.00                                                     |  |
| <b>TOTAL</b> 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 16 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                              |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                                              | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                                              | Transaction ID : A8D87FA62D81C40E68AE                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                                       | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Name of Employer<br>Occupation                                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                                         |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>DEBERGALIS, JOSEPH, P., , JR.</b>                                                       |             |                                                                              | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 9376 HUNTING VALLEY RD S                                                                                                        |             |                                                                              | Transaction ID : A586F162F14FC423ABFB                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1553                                                       | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>NATIONAL RIFLE ASSOCIATION<br>BOARD MEMBER |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                                           |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>DENI, LEONARD, , ,</b>                                                                  |             |                                                                              | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 26 / 2023 |  |
| Mailing Address 20 NORRIS ST                                                                                                                    |             |                                                                              | Transaction ID : A9A1432CD864F4BBAB76                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14207-2207                                                       | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>FIGLI LLC<br>PRESIDENT                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                                           |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                              | 500.00                                                     |  |
| <b>TOTAL</b> 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 17 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>DINGMAN, ROBERT, O., ,</b>                                                                        |                                    |
| Mailing Address 23 ST JOHNS ST                                                                                                                  |                                    |
| City<br>GOWANDA                                                                                                                                 | State<br>NY                        |
| Zip Code<br>14070-1122                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.                                                                                      | C                                  |
| Name of Employer<br>NEW YORK & LAKE ERIE RAILROAD                                                                                               | Occupation<br>PRESIDENT            |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>525.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : A172C8CEF56AF417D9D8

Amount of Each Receipt this Period

225.00

☐ Memo Item

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>DORKIN, ALLEN, , ,</b>                                                                            |                                    |
| Mailing Address 6 DOGWOOD LN                                                                                                                    |                                    |
| City<br>LAWRENCE                                                                                                                                | State<br>NY                        |
| Zip Code<br>11559-1821                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.                                                                                      | C                                  |
| Name of Employer<br>DDK & COMPANY LLP                                                                                                           | Occupation<br>ACCOUNTANT           |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : A403C6BBEF55D45F0A9B

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH NORPAC

|                                                                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                                        |                                      |
| Mailing Address PO BOX 1543                                                                                                                     |                                      |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ                          |
| Zip Code<br>07632-0543                                                                                                                          |                                      |
| FEC ID number of contributing federal political committee.                                                                                      | C C00247403                          |
| Name of Employer                                                                                                                                | Occupation                           |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>16249.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : A684189B2BA324F0085C

Amount of Each Receipt this Period

250.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|        |
|--------|
| 475.00 |
|--------|

**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 18 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DUNNE, JULIE, , ,**

Mailing Address 975 F ST NW

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20004-1454 |
|--------------------|-------------|------------------------|

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

|                                       |                               |
|---------------------------------------|-------------------------------|
| Name of Employer<br>MONUMENT ADVOCACY | Occupation<br>LAWYER/LOBBYIST |
|---------------------------------------|-------------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 05 / 2023          |

Transaction ID : A4A5D97B1AFCC4D72903

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ENGLANDER, SCOTT, , ,**

Mailing Address 890 GREEN PL

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>WOODMERE | State<br>NY | Zip Code<br>11598-1923 |
|------------------|-------------|------------------------|

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

|                                |                        |
|--------------------------------|------------------------|
| Name of Employer<br>JFR GLOBAL | Occupation<br>BUSINESS |
|--------------------------------|------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A27F9542DA6EC4D7891F

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH NORPAC

**C.** Full Name (Last, First, Middle Initial)  
**NORPAC**

Mailing Address PO BOX 1543

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>ENGLEWOOD CLIFFS | State<br>NJ | Zip Code<br>07632-0543 |
|--------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00247403

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
16249.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : ADAA99931DADE4B13970

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

|         |
|---------|
| 1000.00 |
|---------|

**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 19 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>ENVISION STRATEGY, LLC</b>                                                                        |                                    |
| Mailing Address 1010 VERMONT AVE NW<br>STE 510                                                                                                  |                                    |
| City<br>WASHINGTON                                                                                                                              | State<br>DC                        |
| Zip Code<br>20005-4944                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer                                                                                                                                | Occupation                         |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05  |   | 26  |   | 2023        |

Transaction ID : A278317A9D7464050BC2

Amount of Each Receipt this Period

500.00

☐ Memo Item  
SEE ATTRIBUTIONS

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>HEIMOV, BRETT, , ,</b>                                                                            |                                    |
| Mailing Address 203 HILLMOOR DR                                                                                                                 |                                    |
| City<br>SILVER SPRING                                                                                                                           | State<br>MD                        |
| Zip Code<br>20901-2544                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>ENVISION STRATEGY, LLC                                                                                                      | Occupation<br>MANAGING DIRECTOR    |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05  |   | 26  |   | 2023        |

Transaction ID : AE7CA16E4528C4785B1F

Amount of Each Receipt this Period

250.00

☒ Memo Item

PARTNERSHIP: ENVISION STRATEGY, LLC

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>SCHULTZ, STEVE, , ,</b>                                                                           |                                    |
| Mailing Address 5441 JORDAN RD                                                                                                                  |                                    |
| City<br>BETHESDA                                                                                                                                | State<br>MD                        |
| Zip Code<br>20816-1367                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>ENVISION STRATEGY, LLC                                                                                                      | Occupation<br>PARTNER              |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 05  |   | 26  |   | 2023        |

Transaction ID : A9AAD6EE93E4A424B962

Amount of Each Receipt this Period

250.00

☒ Memo Item

PARTNERSHIP: ENVISION STRATEGY, LLC

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

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

500.00

**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 20 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FABINSKY, HAROLD, T., ,**

Mailing Address 37 BENDER DR

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>ORCHARD PARK | State<br>NY | Zip Code<br>14127-2330 |
|----------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : AD62EAD70628D49E5BEF

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FAISON, JAY, W., ,**

Mailing Address 1355 GREENWOOD CLFS  
STE 301

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>CHARLOTTE | State<br>NC | Zip Code<br>28204-2981 |
|-------------------|-------------|------------------------|

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

|                               |                       |
|-------------------------------|-----------------------|
| Name of Employer<br>CLEARPATH | Occupation<br>FOUNDER |
|-------------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 19 / 2023          |

Transaction ID : A65390BAAEBC24D1F8F5

Amount of Each Receipt this Period

6600.00

☐ Memo Item

SEE REDESIGNATION

**C.** Full Name (Last, First, Middle Initial)  
**FAISON, JAY, W., ,**

Mailing Address 1355 GREENWOOD CLFS  
STE 301

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>CHARLOTTE | State<br>NC | Zip Code<br>28204-2981 |
|-------------------|-------------|------------------------|

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

|                               |                       |
|-------------------------------|-----------------------|
| Name of Employer<br>CLEARPATH | Occupation<br>FOUNDER |
|-------------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 19 / 2023          |

Transaction ID : A1ED4EDD6A25249B2B12

Amount of Each Receipt this Period

- 3300.00

☒ Memo Item

REDESIGNATION FROM

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

|         |
|---------|
| 6850.00 |
|---------|

**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 21 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>FAISON, JAY, W., ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 1355 GREENWOOD CLFS<br>STE 301                                                                                                  |             |                                                      | Transaction ID : ADDC72E2F9F3F425AA9A                      |  |
| City<br>CHARLOTTE                                                                                                                               | State<br>NC | Zip Code<br>28204-2981                               | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REDESIGNATION TO                        |                                                            |  |
| Name of Employer<br>CLEARPATH                                                                                                                   |             | Occupation<br>FOUNDER                                |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>FENNELL, J., PETER, ,</b>                                                               |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 26 / 2023 |  |
| Mailing Address 168 MILLER ST<br>APT A208                                                                                                       |             |                                                      | Transaction ID : AAB0FE3D34F924A76821                      |  |
| City<br>HORSEHEADS                                                                                                                              | State<br>NY | Zip Code<br>14845-1855                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>FISHER, MILES, , ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 235 BARRETT RD                                                                                                                  |             |                                                      | Transaction ID : A8AD8355A3DAA41EFBE3                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2024                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>FIRE AND BUILDING CODE SERVICES, INC.                                                                                       |             | Occupation<br>PRESIDENT                              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 1000.00                                                    |  |
| <b>TOTAL</b> 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 22 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                                    | <b>Transaction ID : A3DC406E0A7854799935</b>               |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Name of Employer<br>Occupation                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                               |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>FLYNN, TERRANCE, P., ,</b>                                                              |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 22 / 2023 |  |
| Mailing Address 120 BURROUGHS DR                                                                                                                |             |                                                                    | <b>Transaction ID : A61EC365FF1FC46F0A71</b>               |  |
| City<br>SNYDER                                                                                                                                  | State<br>NY | Zip Code<br>14226-3969                                             | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>HARRIS BEACH<br>ATTORNEY         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GAMBACORTA, PETER, , ,</b>                                                              |             |                                                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address 9785 ROCKY PT                                                                                                                   |             |                                                                    | <b>Transaction ID : A82D2A2ABAAA44DEABD7</b>               |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1589                                             | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>EXCELSIOR ORTHOPEDICS<br>SURGEON |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                                 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                    | 750.00                                                     |  |
| <b>TOTAL</b> 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 23 OF 137

|                                         |                              |                              |                              |                             |
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| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>GENTILE, BRADLEY, , ,</b>                                                               |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address 1500 D ST SE                                                                                                                    |             |                                     | Transaction ID : AEDE245BC46564D66B50                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20003-2438              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer<br>HILL EAST GROUP, LLC                                                                                                        |             | Occupation<br>CONSULTANT            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GIBLIN, CHRISTOPHER, , ,</b>                                                            |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 21 / 2023 |  |
| Mailing Address 1304 CHANCEL PL                                                                                                                 |             |                                     | Transaction ID : AC7BE501B13414373B50                      |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22314-4707              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer<br>OGILVY                                                                                                                      |             | Occupation<br>GOVERNMENT RELATIONS  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GILLIES, ALEC, , ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 08 / 2023 |  |
| Mailing Address 1479 KENSINGTON AVE                                                                                                             |             |                                     | Transaction ID : A0A1B17015C7D494EB61                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14215-1436              | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer<br>BUFFALO PHARMACIES                                                                                                          |             | Occupation<br>GENERAL MANAGER       |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 1250.00                                                    |  |
| <b>TOTAL</b> 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 24 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>GIROUX, STEPHEN, L.,</b>                                                                |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 9034 RIDGE RD                                                                                                                   |             |                                      | Transaction ID : A4FB0FD7EB3494710B0C                      |  |
| City<br>GASPORT                                                                                                                                 | State<br>NY | Zip Code<br>14067-9408               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer<br>MIDDLEPORT PHARMACY                                                                                                         |             | Occupation<br>PHARMACIST             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GLAUBACH, BARUCH, ,</b>                                                                 |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 150 ALBRO LN                                                                                                                    |             |                                      | Transaction ID : A2F77177FEEC948AE9F6                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2801               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>TRADER                 |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                      | Transaction ID : A311B7C9B9F21471B990                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                      | 2000.00                                                    |  |
| <b>TOTAL</b> 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 25 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>GLAUBACH, JONATHAN, , ,</b>                                                             |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 525 WOODMERE BLVD                                                                                                               |             |                                                                                       | Transaction ID : ACB765402425C4EF0AC3                      |  |
| City<br>WOODMERE                                                                                                                                | State<br>NY | Zip Code<br>11598-1920                                                                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC                                  |                                                            |  |
| Name of Employer<br>UNDER 5'10                                                                                                                  |             | Occupation<br>VP                                                                      |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                                                       | Transaction ID : A6853F01D33094F728D8                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                                                | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                                                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GOLOMBECK, SHELDON, , ,</b>                                                             |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 6 WASHINGTON AVE S                                                                                                              |             |                                                                                       | Transaction ID : A3E6EF63B030D4B639FD                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2405                                                                | Amount of Each Receipt this Period<br>400.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC                                  |                                                            |  |
| Name of Employer<br>MORRIS J. GOLOMBECK, INC                                                                                                    |             | Occupation<br>BUSINESS MANAGER                                                        |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>400.00                                                    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                       | 1400.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

PAGE 26 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                          | Transaction ID : A7D4C0FF7D0AD491693E                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                   | Amount of Each Receipt this Period<br>400.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                                |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>16249.00                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GRABER, GARRY, M., ,</b>                                                                |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 57 MIDDLEBURY RD                                                                                                                |             |                                                          | Transaction ID : AD3AF5AE9BC284769B6C                      |  |
| City<br>ORCHARD PARK                                                                                                                            | State<br>NY | Zip Code<br>14127-3580                                   | Amount of Each Receipt this Period<br>300.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Election Cycle-to-Date<br>300.00                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                          |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GRAZIANO, ANTHONY, J., ,</b>                                                            |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address PO BOX 612                                                                                                                      |             |                                                          | Transaction ID : A3DE80736F43A4F19B75                      |  |
| City<br>ALFRED                                                                                                                                  | State<br>NY | Zip Code<br>14802-0612                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>ALFRED PHARMACY                                                                                                             |             | Election Cycle-to-Date<br>250.00                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                                                          |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                          | 550.00                                                     |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                          |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

PAGE 27 OF 137

|                                         |                              |                              |                              |                             |
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| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>GREEN, RICHARD, R., ,</b>                                                               |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 22 VILLAGE RD                                                                                                                   |             |                                       | Transaction ID : A500D1B074E0541EFBF2                      |  |
| City<br>PEPPERELL                                                                                                                               | State<br>MA | Zip Code<br>01463-1181                | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>1A AUTO INC                                                                                                                 |             | Occupation<br>CEO                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>3300.00   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>GREENWOOD, ROBERT, J., ,</b>                                                            |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 3553 MUIRFIELD DR                                                                                                               |             |                                       | Transaction ID : A4C5D8FBC79A74C6A9D2                      |  |
| City<br>WATERLOO                                                                                                                                | State<br>IA | Zip Code<br>50701-4661                | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>GREENWOOD DRUG INC.                                                                                                         |             | Occupation<br>PHARMACIST              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00    |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>GRESHAM, CHRISTOPHER, H., ,</b>                                                         |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 2390 N FRENCH RD                                                                                                                |             |                                       | Transaction ID : A5BDACB782196499186B                      |  |
| City<br>EAST AMHERST                                                                                                                            | State<br>NY | Zip Code<br>14051-1325                | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                            |  |
| Name of Employer<br>WILLIAM MATTAR LAW OFFICES                                                                                                  |             | Occupation<br>ATTORNEY                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00    |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                       | 4050.00                                                    |  |
| <b>TOTAL</b> 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 28 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**GRESHAM, CHRISTOPHER, H., ,**  
Mailing Address 2390 N FRENCH RD

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>EAST AMHERST | State<br>NY | Zip Code<br>14051-1325 |
|----------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAM MATTAR LAW OFFICESOccupation  
ATTORNEYReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A4429775F1A374D0286C

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**GRIESER, TARA, , ,**  
Mailing Address 6427 PINCHERRY WAY

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>LAKE VIEW | State<br>NY | Zip Code<br>14085-9596 |
|-------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CVS PHARMACYOccupation  
STAFF PHARMACISTReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A1E59B262A4F041939CD

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**GURVITCH, BARRY, , ,**  
Mailing Address 51 AUERBACH LN

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LAWRENCE | State<br>NY | Zip Code<br>11559-2529 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARTIMUS CONSTRUCTIONOccupation  
ARCHITECT/EXECReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : AA7EC4F56E68344DFA55

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH NORPAC

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

2250.00

**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 29 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                          | Transaction ID : A358DD12B47344DFEB8F                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                                |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>16249.00                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HAYLETT, DAVID, , , JR.</b>                                                             |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 7189 WOODMORE CT                                                                                                                |             |                                                          | Transaction ID : A6C95E5F606C945FF8D9                      |  |
| City<br>LOCKPORT                                                                                                                                | State<br>NY | Zip Code<br>14094-6246                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>SEAMAN NORRIS LLP                                                                                                           |             | Occupation<br>PARTNER                                    |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>350.00                         |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>HESSERT, BILL, , ,</b>                                                                  |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 07 / 2023 |  |
| Mailing Address 1065 SW 8TH ST                                                                                                                  |             |                                                          | Transaction ID : ABCD156AE56CC47AB80A                      |  |
| City<br>MIAMI                                                                                                                                   | State<br>FL | Zip Code<br>33130-3601                                   | Amount of Each Receipt this Period<br>1250.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>STATISTICIAN                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1250.00                        |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                          | 1500.00                                                    |  |
| <b>TOTAL</b> 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 30 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                   |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>HE, XIAOHUA, , ,</b>                                                                    |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 30 RIVERSIDE BLVD<br>APT 34A                                                                                                    |             |                                   | Transaction ID : A953E2F10555042F6AD0                      |  |
| City<br>NEW YORK                                                                                                                                | State<br>NY | Zip Code<br>10069-0128            | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>HOMEMAKER                                                                                                                   |             | Occupation<br>HOMEMAKER           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>HILL, GARY, G., ,</b>                                                                   |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 777 WILLARDSHIRE RD                                                                                                             |             |                                   | Transaction ID : AA9F21D71BEAF410991C                      |  |
| City<br>EAST AURORA                                                                                                                             | State<br>NY | Zip Code<br>14052-9400            | Amount of Each Receipt this Period<br>3000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>UNION CONCRETE                                                                                                              |             | Occupation<br>EXECUTIVE           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>3000.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>HUFF, ALAN, M., , SR.</b>                                                               |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 24 / 2023 |  |
| Mailing Address 104 DONNA LEA BLVD                                                                                                              |             |                                   | Transaction ID : A3C36FE12998749C3845                      |  |
| City<br>AMHERST                                                                                                                                 | State<br>NY | Zip Code<br>14221-3172            | Amount of Each Receipt this Period<br>50.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>A & L MOVING                                                                                                                |             | Occupation<br>MOVER               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>550.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                   | 4050.00                                                    |  |
| <b>TOTAL</b> 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 31 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**HUFF, ALAN, M., , SR.**  
Mailing Address 104 DONNA LEA BLVDCity  
AMHERST  
State  
NY  
Zip Code  
14221-3172FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A & L MOVINGOccupation  
MOVERReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2023

Transaction ID : AFA3A0F934B7B4A79AE6

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**DEMIDENKO, ZOYA, , ,**  
Mailing Address 6666 E QUAKER STCity  
ORCHARD PARK  
State  
NY  
Zip Code  
14127-2547FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPACT JOURNALS, LLCOccupation  
PUBLISHINGReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2023

Transaction ID : A7A7B52079ED746DE825

Amount of Each Receipt this Period

500.00

☒ Memo Item

PARTNERSHIP: IMPACT JOURNALS LLC

**C.** Full Name (Last, First, Middle Initial)  
**IMPACT JOURNALS LLC**  
Mailing Address 6666 E QUAKER STCity  
ORCHARD PARK  
State  
NY  
Zip Code  
14127-2547FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2023

Transaction ID : AE6870238DD09405D932

Amount of Each Receipt this Period

500.00

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

750.00

**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 32 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A7BFFDBFFEC1C411EBC3                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>ISAACS, DAVID, , ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 34 MURIEL AVE                                                                                                                   |             |                                                      | Transaction ID : A720C5A87C7F846A996C                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-1811                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>CPA                                    |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : A2B76F26BEEFE47E78EA                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 1000.00                                                    |  |
| <b>TOTAL</b> 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 33 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>J &amp; A SOLUTIONS, LLC</b>                                                                      |                                    |
| Mailing Address 13 KINGS CT                                                                                                                     |                                    |
| City<br>CLIFTON PARK                                                                                                                            | State<br>NY                        |
| Zip Code<br>12065-5291                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer                                                                                                                                | Occupation                         |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 23  |   | 2023    |

Transaction ID : A24F0A1C836CA4767BE9

Amount of Each Receipt this Period

500.00

☐ Memo Item  
SEE ATTRIBUTION

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>THOMPSON, JIM, , ,</b>                                                                            |                                    |
| Mailing Address 13 KINGS CT                                                                                                                     |                                    |
| City<br>CLIFTON PARK                                                                                                                            | State<br>NY                        |
| Zip Code<br>12065-5291                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>J & A SOLUTIONS, LLC                                                                                                        | Occupation<br>PRESIDENT            |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 23  |   | 2023    |

Transaction ID : AA92EC656A9C740F5BF0

Amount of Each Receipt this Period

500.00

☒ Memo Item

PARTNERSHIP: J &amp; A SOLUTIONS, LLC

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>JACKSON, CHERYL, A., ,</b>                                                                        |                                    |
| Mailing Address PO BOX 795                                                                                                                      |                                    |
| City<br>ANDOVER                                                                                                                                 | State<br>NY                        |
| Zip Code<br>14806-0795                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>RETIRED                                                                                                                     | Occupation<br>RETIRED              |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 22  |   | 2023    |

Transaction ID : AC464277216E048138C3

Amount of Each Receipt this Period

500.00

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

|         |
|---------|
| 1000.00 |
|         |

**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 34 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>JACKSON, CHERYL, A., ,</b>                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 27 / 2023 |  |
| Mailing Address PO BOX 795                                                                                                                      |             |                                                      | Transaction ID : AD749094FB27C4E6E8AB                      |  |
| City<br>ANDOVER                                                                                                                                 | State<br>NY | Zip Code<br>14806-0795                               | Amount of Each Receipt this Period<br>50.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>550.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 27 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A58134A52AD88446EAFF                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>50.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>JOYCE, RICHARD, , ,</b>                                                                 |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 14 / 2023 |  |
| Mailing Address PO BOX 2                                                                                                                        |             |                                                      | Transaction ID : AF6EB5810E622470480C                      |  |
| City<br>ANDOVER                                                                                                                                 | State<br>NY | Zip Code<br>14806-0002                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 550.00                                                     |  |
| <b>TOTAL</b> 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 35 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

KARAMANOUKIAN, KAREN, M., ,

Mailing Address 151 JACKMAN LN

City  
ELMAState  
NYZip Code  
14059-9444FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED CARDIAC SURGICAL ASSOC, PL

Occupation

ATTORNEY

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : A9190139748A04E18B22

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

KARAMANOUKIAN, KAREN, M., ,

Mailing Address 151 JACKMAN LN

City  
ELMAState  
NYZip Code  
14059-9444FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED CARDIAC SURGICAL ASSOC, PL

Occupation

ATTORNEY

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : A361513D1F4A1478491A

Amount of Each Receipt this Period

- 1700.00

☒ Memo Item  
REDESIGNATION FROM

Full Name (Last, First, Middle Initial)

KARAMANOUKIAN, KAREN, M., ,

Mailing Address 151 JACKMAN LN

City  
ELMAState  
NYZip Code  
14059-9444FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED CARDIAC SURGICAL ASSOC, PL

Occupation

ATTORNEY

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : A2705ED7144E4496B938

Amount of Each Receipt this Period

1700.00

☒ Memo Item  
REDESIGNATION TO

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

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

5000.00

**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 36 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>KOLEGO, TREVOR, , ,</b>                                                                 |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 217 VIRGINIA AVE                                                                                                                |             |                                     | Transaction ID : ACB1D96D155574CB1B3E                      |  |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA | Zip Code<br>22302-2906              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>THE SMITH FREE GROUP                                                                                                        |             | Occupation<br>LOBBYIST              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>KOLPIEN, TIMOTHY, R., ,</b>                                                             |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 281 CHESTNUT ST                                                                                                                 |             |                                     | Transaction ID : A44DDE326019A4E20819                      |  |
| City<br>CORNING                                                                                                                                 | State<br>NY | Zip Code<br>14830-3001              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>KILLBUCK STRATEGIES                                                                                                         |             | Occupation<br>CONSULTANT            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>KOTOWITZ, HARRY, , ,</b>                                                                |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 584 GREEN PL                                                                                                                    |             |                                     | Transaction ID : A0B27F03AD3FB4401BDF                      |  |
| City<br>WOODMERE                                                                                                                                | State<br>NY | Zip Code<br>11598-1910              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>HK ORGANIZATION                                                                                                             |             | Occupation<br>FOUNDER               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 | EARMARKED (NON-DIRECTED) THROUGH NORPAC                    |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 2500.00                                                    |  |
| <b>TOTAL</b> 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 37 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                          | Transaction ID : AC7E41FBF30354130898                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                                |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>16249.00                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>KRUG, THOMAS, R., ,</b>                                                                 |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5370 OLD GOODRICH RD                                                                                                            |             |                                                          | Transaction ID : A0B7F1B3589914996A75                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1222                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>GERNATT ASPHALT PRODUCTS                                                                                                    |             | Occupation<br>VICE PRESIDENT                             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>450.00                         |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>LANDA, BENJAMIN, , ,</b>                                                                |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 182 BRIARWOOD CROSSING                                                                                                          |             |                                                          | Transaction ID : ADAAA661841E94AFCB50                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2708                                   | Amount of Each Receipt this Period<br>- 3300.00            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REDESIGNATION FROM                          |                                                            |  |
| Name of Employer<br>THE PREMIER NETWORK                                                                                                         |             | Occupation<br>EXECUTIVE                                  |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>6600.00                        |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                          | 250.00                                                     |  |
| <b>TOTAL</b> 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 38 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>LANDA, BENJAMIN, , ,</b>                                                                |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 182 BRIARWOOD CROSSING                                                                                                          |             |                                      | Transaction ID : AF44F60019912433B830                        |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2708               | Amount of Each Receipt this Period<br>6600.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REDESIGNATION TO        |                                                              |  |
| Name of Employer<br>THE PREMIER NETWORK                                                                                                         |             | Occupation<br>EXECUTIVE              |                                                              |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00  |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>LANDA, BENJAMIN, , ,</b>                                                                |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 182 BRIARWOOD CROSSING                                                                                                          |             |                                      | Transaction ID : A4A96603B36F74968977                        |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2708               | Amount of Each Receipt this Period<br>6600.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>SEE REDESIGNATION       |                                                              |  |
| Name of Employer<br>THE PREMIER NETWORK                                                                                                         |             | Occupation<br>EXECUTIVE              |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00  |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                      | Transaction ID : A79F8DA88B8074464A6B                        |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891               | Amount of Each Receipt this Period<br>6600.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY            |                                                              |  |
| Name of Employer                                                                                                                                |             | Occupation                           |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00 |                                                              |  |
| SUBTOTAL of Receipts This Page (optional)..... ▶                                                                                                |             |                                      | 6600.00                                                      |  |
| 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 39 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LANDA, JUDY, , ,**

Mailing Address 182 BRIARWOOD CROSSING

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LAWRENCE | State<br>NY | Zip Code<br>11559-2708 |
|------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A4055D4357B2D4D76A70

Amount of Each Receipt this Period

|         |
|---------|
| 6600.00 |
|---------|

☒ Memo Item  
REDESIGNATION FROM

**B.** Full Name (Last, First, Middle Initial)  
**LANDA, JUDY, , ,**

Mailing Address 182 BRIARWOOD CROSSING

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LAWRENCE | State<br>NY | Zip Code<br>11559-2708 |
|------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A3E5750F3ED024C04922

Amount of Each Receipt this Period

|         |
|---------|
| 3300.00 |
|---------|

☒ Memo Item  
REDESIGNATION TO

**C.** Full Name (Last, First, Middle Initial)  
**LANDA, JUDY, , ,**

Mailing Address 182 BRIARWOOD CROSSING

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LAWRENCE | State<br>NY | Zip Code<br>11559-2708 |
|------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
6600.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A55F4A2C31B4649B6BF5

Amount of Each Receipt this Period

|         |
|---------|
| 6600.00 |
|---------|

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

|         |
|---------|
| 6600.00 |
|---------|

**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 40 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                      | Transaction ID : A4BAE2C62E3C8474CADA                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                               | Amount of Each Receipt this Period<br>6600.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>LAUER, ELIOT, , ,</b>                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 240 BRIARWOOD XING                                                                                                              |             |                                                      | Transaction ID : ACC4328850B4046D2BEE                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2721                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>CURTIS, MALLET-PREVOST, ET AL                                                                                               |             | Occupation<br>ATTORNEY                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : AE762AB2FF2F543E1AA4                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 500.00                                                     |  |
| <b>TOTAL</b> 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 41 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>LIEBER, JASON, , ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 28 AUERBACH LN                                                                                                                  |             |                                                      | Transaction ID : A64A2479A74854235B37                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2517                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>MYDA ADVISORS                                                                                                               |             | Occupation<br>FINANCE                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : A9A77946C6F88493DB21                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>LINDSAY, PAUL, , ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 10 / 2023 |  |
| Mailing Address 4005 N RICHMOND ST                                                                                                              |             |                                                      | Transaction ID : AB3282D8CD4414C358EE                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22207-4809                               | Amount of Each Receipt this Period<br>2500.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>INTUIT                                                                                                                      |             | Occupation<br>DIRECTOR, GLOBAL PUBLIC AFFAIRS        |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2500.00                  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 3000.00                                                    |  |
| <b>TOTAL</b> 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 42 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>LOBO, PAUL, , ,</b>                                                                     |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 3307 CLEVELAND AVE NW                                                                                                           |             |                                                                                          | Transaction ID : A25E6444C3E824C9D9D7                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20008-3456                                                                   | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                                                |                                                            |  |
| Name of Employer<br>POLICY INTEGRATION PARTNERS LLC                                                                                             |             | Occupation<br>GOVERNMENT AFFAIRS                                                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                                                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>LOPATA, BENJAMIN, , ,</b>                                                               |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 237 BARRETT RD                                                                                                                  |             |                                                                                          | Transaction ID : A0CF459708D9F496780F                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2024                                                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC                                     |                                                            |  |
| Name of Employer<br>JP MORGAN CHASE                                                                                                             |             | Occupation<br>BANKER                                                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                                      |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                                                          | Transaction ID : A1324540CB06A4F348D9                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC<br>LIMIT NOT AFFECTED. |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                                                     |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                          | 1500.00                                                    |  |
| <b>TOTAL</b> 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 43 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

LU, LI, , ,

Mailing Address 39 HILL LANE

City

ROSLYN HEIGHTS

State

NY

Zip Code

11577-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RENDR

Occupation

PHYSICIAN

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4130.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 2 | 3 |

Transaction ID : AF4909535AD3F4CDA9ED

Amount of Each Receipt this Period

3300.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

38111.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 2 | 3 |

Transaction ID : A13F7AAEECBA3428DBB9

Amount of Each Receipt this Period

3300.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

LU, LI, , ,

Mailing Address 39 HILL LANE

City

ROSLYN HEIGHTS

State

NY

Zip Code

11577-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RENDR

Occupation

PHYSICIAN

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4130.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 2 | 3 |

Transaction ID : AA3B14DD75C644B8B980

Amount of Each Receipt this Period

830.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

4130.00

**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 44 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                           |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 25 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                           | <b>Transaction ID : A837D9D195F52421C9F0</b>               |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                    | Amount of Each Receipt this Period<br>830.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                      |                                                            |  |
| Full Name (Last, First, Middle Initial)<br><b>B. MACCAGNANO, MICHELLE, D., ,</b>                                                                |             |                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 22 / 2023 |  |
| Mailing Address 248 CLARK ST                                                                                                                    |             |                                                           | <b>Transaction ID : AA2E0F643813B419B8A4</b>               |  |
| City<br>TOWN OF TONAWANDA                                                                                                                       | State<br>NY | Zip Code<br>14223-1304                                    | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation<br>PRIMIS BANK<br>ATTORNEY |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                        |                                                            |  |
| Full Name (Last, First, Middle Initial)<br><b>C. WINRED</b>                                                                                     |             |                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 22 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                           | <b>Transaction ID : AAB996B6F7344C40A70</b>                |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                    | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Name of Employer<br>Occupation                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00                      |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                           | 250.00                                                     |  |
| <b>TOTAL</b> 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 45 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>MAIDENBAUM, SHALOM, , ,</b>                                                             |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 50 BAYBERRY RD                                                                                                                  |             |                                                      | Transaction ID : AAB745982C3D947CDB8A                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2705                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>ATTORNEY                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                  |                                                            |  |

|                                                                                                                                                 |             |                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|------------------------------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                      | Transaction ID : A8DC73A5E571A4E3BBA0                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00 |                                                            |  |

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MARCOVICI, TRIVADAR, , ,</b>                                                            |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 216 LAGOON DR W                                                                                                                 |             |                                                      | Transaction ID : A193B7058C7C44FE483F                      |  |
| City<br>LIDO BEACH                                                                                                                              | State<br>NY | Zip Code<br>11561-4918                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>BUSINESS OWNER                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                  |                                                            |  |

**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 46 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                    |                           |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |                                    |                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |                                    |                           | Transaction ID : ADE2EEA7A29934C0BB84                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ                        | Zip Code<br>07632-0543    | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |                                    | Memo Item<br>INTERMEDIARY |                                                            |  |
| Name of Employer                                                                                                                                | Occupation                         |                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date<br>16249.00 |                           |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>MARKULIS, HENRYK, JOHN, ,</b>                                                           |                                    |                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 56 UNION ST                                                                                                                     |                                    |                           | Transaction ID : AECFABB80AE2042C0B59                      |  |
| City<br>HAMBURG                                                                                                                                 | State<br>NY                        | Zip Code<br>14075-4910    | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Memo Item                 |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     | Occupation<br>RETIRED              |                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date<br>300.00   |                           |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MARLETTE, GUY, R., ,</b>                                                                |                                    |                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 163 W MAIN ST                                                                                                                   |                                    |                           | Transaction ID : AA89ED41742BA4684A6D                      |  |
| City<br>SPRINGVILLE                                                                                                                             | State<br>NY                        | Zip Code<br>14141-1015    | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Memo Item                 |                                                            |  |
| Name of Employer<br>ALTERNATIVE INFORMATION SYSTEMS                                                                                             | Occupation<br>VP                   |                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date<br>500.00   |                           |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |                                    |                           | 500.00                                                     |  |
| <b>TOTAL</b> 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 47 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>MEER, JONAH, , ,</b>                                                                    |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 1233 BEECH ST<br>APT 50                                                                                                         |             |                                                      | Transaction ID : A87BA71E309FC4AFDA16                      |  |
| City<br>ATLANTIC BEACH                                                                                                                          | State<br>NY | Zip Code<br>11509-1643                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>QRONS                                                                                                                       |             | Occupation<br>CEO                                    |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : ADC876919674C432FB40                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>MOAR, DANIEL, B., ,</b>                                                                 |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address 112 AUTUMN LANE                                                                                                                 |             |                                                      | Transaction ID : AC468D66108694A22A60                      |  |
| City<br>ORCHARD PARK                                                                                                                            | State<br>NY | Zip Code<br>14127-3181                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>DEPARTMENT OF JUSTICE                                                                                                       |             | Occupation<br>ATTORNEY                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 1250.00                                                    |  |
| <b>TOTAL</b> 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 48 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MOORE, STEVE, , ,**

Mailing Address 2 CARLTON DR

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PLATTSBURGH | State<br>NY | Zip Code<br>12901-1333 |
|---------------------|-------------|------------------------|

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

|                                    |                          |
|------------------------------------|--------------------------|
| Name of Employer<br>CONDO PHARMACY | Occupation<br>PHARMACIST |
|------------------------------------|--------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2023

Transaction ID : AA0BDA60283B042E9A90

Amount of Each Receipt this Period  
250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MORSE, CHANDLER, , ,**

Mailing Address 6307 BLACKBURN CT

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>BALTIMORE | State<br>MD | Zip Code<br>21212-2511 |
|-------------------|-------------|------------------------|

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

|                             |                                    |
|-----------------------------|------------------------------------|
| Name of Employer<br>WORKDAY | Occupation<br>GOVERNMENT RELATIONS |
|-----------------------------|------------------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2023

Transaction ID : A3F147B49A11B4CBC9C1

Amount of Each Receipt this Period  
500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MURRAY, NORMAN, , ,**

Mailing Address P O BOX 466

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>EAST AMHERST | State<br>NY | Zip Code<br>14051-0466 |
|----------------------|-------------|------------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>RETIRED | Occupation<br>RETIRED |
|-----------------------------|-----------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2023

Transaction ID : A7122C90152EC4CBF9F3

Amount of Each Receipt this Period  
3300.00

☐ Memo Item

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

|         |
|---------|
| 4050.00 |
|         |

**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 49 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NATALE, ANGELO, S., ,</b>                                                               |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 26 / 2023 |  |
| Mailing Address 9159 MAIN ST                                                                                                                    |             |                                     | Transaction ID : A1F8765568BAA4F03888                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1964              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>NATALE BUILDING CORP                                                                                                        |             | Occupation<br>DEVELOPER             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NEVINS, KYLE, , ,</b>                                                                   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 22 / 2023 |  |
| Mailing Address 1287 BALLANTRAE FARM DR                                                                                                         |             |                                     | Transaction ID : AC2745E16CBE342FEA29                      |  |
| City<br>MC LEAN                                                                                                                                 | State<br>VA | Zip Code<br>22101-3027              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>HARBINGER STRATEGIES                                                                                                        |             | Occupation<br>CONSULTANT            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>O'NEILL, JOHN, , ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 1020 MERIDIAN AVE                                                                                                               |             |                                     | Transaction ID : AAC6A0F0E6ED048DEAAD                      |  |
| City<br>MIAMI BEACH                                                                                                                             | State<br>FL | Zip Code<br>33139-8333              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>HARBINGER STRATEGIES                                                                                                        |             | Occupation<br>ATTORNEY              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 2000.00                                                    |  |
| <b>TOTAL</b> 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 50 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>PALERMO, SILVIO, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 19 / 2023 |  |
| Mailing Address 251 ROSELAND LN                                                                                                                 |             |                                    | Transaction ID : AE61C21BB056B4E07A9C                        |  |
| City<br>CANANDAIGUA                                                                                                                             | State<br>NY | Zip Code<br>14424-2356             | Amount of Each Receipt this Period<br>100.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                              |  |
| Name of Employer<br>FEDERAL GOVERNMENT                                                                                                          |             | Occupation<br>LAW ENFORCEMENT      |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>600.00 |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>PALERMO, SILVIO, , ,</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 251 ROSELAND LN                                                                                                                 |             |                                    | Transaction ID : A837BDE9C9C474BCC840                        |  |
| City<br>CANANDAIGUA                                                                                                                             | State<br>NY | Zip Code<br>14424-2356             | Amount of Each Receipt this Period<br>250.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                              |  |
| Name of Employer<br>FEDERAL GOVERNMENT                                                                                                          |             | Occupation<br>LAW ENFORCEMENT      |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>850.00 |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>PELUSO, ANTHONY, P., ,</b>                                                              |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 26 / 2023 |  |
| Mailing Address 130 PELLMAN PL                                                                                                                  |             |                                    | Transaction ID : A0FC7961562374EDB83D                        |  |
| City<br>WEST SENECA                                                                                                                             | State<br>NY | Zip Code<br>14218-3600             | Amount of Each Receipt this Period<br>150.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                              |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED              |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00 |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 500.00                                                       |  |
| <b>TOTAL</b> 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 51 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>PELUSO, ANTHONY, P., ,</b>                                                                        |                                    |
| Mailing Address 130 PELLMAN PL                                                                                                                  |                                    |
| City<br>WEST SENECA                                                                                                                             | State<br>NY                        |
| Zip Code<br>14218-3600                                                                                                                          |                                    |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    |
| Name of Employer<br>RETIRED                                                                                                                     | Occupation<br>RETIRED              |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>325.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : AF95BB3BA8CD8423497F

Amount of Each Receipt this Period

75.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>PERRY, BRIAN, T., ,</b>                                                                           |                                     |
| Mailing Address 12 STONERIDGE LN                                                                                                                |                                     |
| City<br>AKRON                                                                                                                                   | State<br>NY                         |
| Zip Code<br>14001-1500                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer<br>PERRY'S ICE CREAM                                                                                                           | Occupation<br>OWNER                 |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : AA7C2C81CAC0A49A4B1F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>PHILLIPS LYTLER LLP</b>                                                                           |                                     |
| Mailing Address 125 MAIN ST                                                                                                                     |                                     |
| City<br>BUFFALO                                                                                                                                 | State<br>NY                         |
| Zip Code<br>14203-3070                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3300.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : A93A2A6A32FAE4B82BF0

Amount of Each Receipt this Period

2300.00

☐ Memo Item  
SEE ATTRIBUTION

3375.00

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 52 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**SCHMIDT, JOHN, G., , JR.**  
Mailing Address 887 PARKSIDE AVE

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| BUFFALO | NY    | 14216-2013 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHILLIPS LYTLE LLPOccupation  
PARTNERReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

Transaction ID : AA2A5D6F6866D48029AE

Amount of Each Receipt this Period

2300.00

☒ Memo Item

PARTNERSHIP: PHILLIPS LYTLE LLP

**B.** Full Name (Last, First, Middle Initial)  
**PLANAVSKY, RICHARD, , ,**  
Mailing Address 909 N COLONY RD

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| GRAND ISLAND | NY    | 14072-2801 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERIE COUNTY WATER AUTHORITYOccupation  
BUDGET DIRECTORReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |

Transaction ID : AB02476BD4F3F46F580C

Amount of Each Receipt this Period

200.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**PLANAVSKY, RICHARD, , ,**  
Mailing Address 909 N COLONY RD

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| GRAND ISLAND | NY    | 14072-2801 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERIE COUNTY WATER AUTHORITYOccupation  
BUDGET DIRECTORReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : AD16C69F4AE9C4641943

Amount of Each Receipt this Period

75.00

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

275.00

**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 53 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                       |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>PORTIS, BRANDON, A., ,</b>                                                              |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 38 ARBORWOOD DR                                                                                                                 |             |                                       | Transaction ID : A072A1D08ABF642FDBDC                        |  |
| City<br>LANCASTER                                                                                                                               | State<br>NY | Zip Code<br>14086-4460                | Amount of Each Receipt this Period<br>250.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>NYS COURT SYSTEM                                                                                                            |             | Occupation<br>COURT CLERK             |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00    |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>QUINLAN, JOHN, , ,</b>                                                                  |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 25 / 2023 |  |
| Mailing Address 1 CLEARWATER ST                                                                                                                 |             |                                       | Transaction ID : A261E81F1AC9A476C9A8                        |  |
| City<br>WAYLAND                                                                                                                                 | State<br>NY | Zip Code<br>14572-1009                | Amount of Each Receipt this Period<br>1000.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>QUINLAN'S PHARMACY                                                                                                          |             | Occupation<br>OWNER                   |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1200.00   |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>ROTH, ROBERT, N., ,</b>                                                                 |             |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address PO BOX 29                                                                                                                       |             |                                       | Transaction ID : A0F925EEA63F64664A65                        |  |
| City<br>HOLLAND                                                                                                                                 | State<br>NY | Zip Code<br>14080-0029                | Amount of Each Receipt this Period<br>100.00                 |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> |                                                              |  |
| Name of Employer<br>ROTH'S HILLSIDE TRADE & PRODUCE                                                                                             |             | Occupation<br>FARMER                  |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>300.00    |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                       | 1350.00                                                      |  |
| <b>TOTAL</b> 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 54 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>RUBIN, HOWARD, , ,</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 3 AMBERLY RD                                                                                                                    |             |                                                      | Transaction ID : A32DA43AD60BD43B9BCB                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2502                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>INVESTOR                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : A26B55137B58C4B2B839                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>RUSIN, ALEXANDER, D., ,</b>                                                             |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 240 LEWIS ST                                                                                                                    |             |                                                      | Transaction ID : AA28C9E4DA7654714803                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14206-2226                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>ERIE COUNTY WATER AUTHORITY                                                                                                 |             | Occupation<br>WATER UTILITY WORKER                   |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>350.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 750.00                                                     |  |
| <b>TOTAL</b> 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 55 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>RUSK, BRIAN, D., ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 22 / 2023 |  |
| Mailing Address 340 WELLINGWOOD DR                                                                                                              |             |                                     | Transaction ID : A5D39C2B6897F4F7EADA                      |  |
| City<br>EAST AMHERST                                                                                                                            | State<br>NY | Zip Code<br>14051-1753              | Amount of Each Receipt this Period<br>50.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>PUBLIC RELATIONS      |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>RUSK, BRIAN, D., ,</b>                                                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 340 WELLINGWOOD DR                                                                                                              |             |                                     | Transaction ID : A26C44DF144CD4DF0BD9                      |  |
| City<br>EAST AMHERST                                                                                                                            | State<br>NY | Zip Code<br>14051-1753              | Amount of Each Receipt this Period<br>100.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>PUBLIC RELATIONS      |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>350.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>RUTOWSKI, JEFFREY, M., ,</b>                                                            |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 16 REGENCY CT                                                                                                                   |             |                                     | Transaction ID : AEF679BF59FC467D85D                       |  |
| City<br>BOWMANVILLE                                                                                                                             | State<br>NY | Zip Code<br>14026-1050              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>KENMORE RX CENTER                                                                                                           |             | Occupation<br>PHARMACIST            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1100.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 1150.00                                                    |  |
| <b>TOTAL</b> 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 56 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**RUTOWSKI, JEFFREY, M., ,**  
Mailing Address 16 REGENCY CT

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>BOWMANVILLE | State<br>NY | Zip Code<br>14026-1050 |
|---------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENMORE RX CENTEROccupation  
PHARMACISTReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 21 / 2023          |

Transaction ID : A12DFD2AFA4574D88BBD

Amount of Each Receipt this Period

250.00

☐ Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED**B.** Full Name (Last, First, Middle Initial)  
**WINRED**  
Mailing Address PO BOX 9891

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22219-1891 |
|-------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

38111.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 21 / 2023          |

Transaction ID : A1DDAF4F70DE346599FB

Amount of Each Receipt this Period

250.00

☒ Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**C.** Full Name (Last, First, Middle Initial)  
**SCHNEIDER, RICHARD, , ,**  
Mailing Address 2203 DORVAL ROAD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WILMINGTON | State<br>DE | Zip Code<br>19810-3614 |
|--------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AREAS USAOccupation  
CDOReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 28 / 2023          |

Transaction ID : AE1E59974E9C54B11BF5

Amount of Each Receipt this Period

250.00

☐ Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

**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 57 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                          | Transaction ID : ADE24C4C99D5D434285A                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY                                |                                                            |  |
| Name of Employer<br>Occupation                                                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>38111.00                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>SENTZ, GERARD, J., ,</b>                                                                |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 218 SHETLAND DR                                                                                                                 |             |                                                          | Transaction ID : A0A9307D6109C4E06A2B                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14221-4732                                   | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                                |                                                            |  |
| Name of Employer<br>FOIT-ALBERT ASSOCIATES<br>Occupation<br>ENGINEER                                                                            |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00                         |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>SHAW, REBECCA, , ,</b>                                                                  |             |                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address 1201 NEW YORK AVE NW, 9TH FLOOR                                                                                                 |             |                                                          | Transaction ID : AD11FBF19E87D4C80B2A                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20005-3917                                   | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED     |                                                            |  |
| Name of Employer<br>SUBJECT MATTER<br>Occupation<br>CONSULTANT                                                                                  |             | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>500.00                         |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                          | 750.00                                                     |  |
| <b>TOTAL</b> 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 58 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                       |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                                       | Transaction ID : A97F8B162B162459D9AF                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                                                | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>38111.00                                                    |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>SINATRA, NICHOLAS, , ,</b>                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 617 MAIN ST                                                                                                                     |             |                                                                                       | Transaction ID : AD2FBDF74B67D4E9B8BF                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14203-1419                                                                | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>3300.00                                                     |                                                            |  |
| Name of Employer<br>SINATRA AND CO.                                                                                                             |             | Occupation<br>REAL ESTATE INVESTOR                                                    |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH WINRED                                  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                                                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                                                                       | Transaction ID : A0E79F4E357ED4351A3C                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891                                                                | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Election Cycle-to-Date<br>38111.00                                                    |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                       | 3300.00                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                                       |                                                            |  |

**SCHEDULE A (FEC Form 3)**  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**SMITH, TIMOTHY, J., ,**  
Mailing Address 7201 WOODMORE CTCity  
LOCKPORTState  
NYZip Code  
14094-6246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIREDReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 19 2023

Transaction ID : A8BA619ACCA994CC4962

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**SMITH, WALTER, WILLIAM, ,**  
Mailing Address 10600 MILAND RDCity  
CLARENCE CENTERState  
NYZip Code  
14032-9212FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIREDReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 28 2023

Transaction ID : A09BF7D4B698F4372B91

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**SMITH, WILLIAM, E., ,**  
Mailing Address 3754 WEINHAUER HILL RDCity  
WELLSVILLEState  
NYZip Code  
14895-9526FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIREDReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 24 2023

Transaction ID : A2B5C615F2601494AA85

Amount of Each Receipt this Period

300.00

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

800.00

**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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 137

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STAMBACH, MARK, R., ,**

Mailing Address 23 BROMPTON CIR

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>WILLIAMSVILLE | State<br>NY | Zip Code<br>14221-5917 |
|-----------------------|-------------|------------------------|

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

|                                          |                            |
|------------------------------------------|----------------------------|
| Name of Employer<br>ERIE CO. DA'S OFFICE | Occupation<br>INVESTIGATOR |
|------------------------------------------|----------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 19 2023

Transaction ID : AD533D482EF264A9D932

Amount of Each Receipt this Period

150.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**STAMBACH, MARK, R., ,**

Mailing Address 23 BROMPTON CIR

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>WILLIAMSVILLE | State<br>NY | Zip Code<br>14221-5917 |
|-----------------------|-------------|------------------------|

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

|                                          |                            |
|------------------------------------------|----------------------------|
| Name of Employer<br>ERIE CO. DA'S OFFICE | Occupation<br>INVESTIGATOR |
|------------------------------------------|----------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2023

Transaction ID : A7AB78988A7414B92829

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**STAPLETON, DAVID, M., ,**

Mailing Address PO BOX 945

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>HAMBURG | State<br>NY | Zip Code<br>14075-0945 |
|-----------------|-------------|------------------------|

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

|                                 |                           |
|---------------------------------|---------------------------|
| Name of Employer<br>DAVID HOMES | Occupation<br>HOMEBUILDER |
|---------------------------------|---------------------------|

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 29 2023

Transaction ID : A929B4144E53840DE906

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

650.00

**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 61 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>STEPHEN, JAMES, J., ,</b>                                                               |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 7171 PENDALE CIR                                                                                                                |             |                                     | Transaction ID : A2A4C41FD09994857999                      |  |
| City<br>NORTH TONAWANDA                                                                                                                         | State<br>NY | Zip Code<br>14120-9714              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                           |                                                            |  |
| Name of Employer<br>STEPHEN DEVELOPMENT                                                                                                         |             | Occupation<br>CO-OWNER, VP          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>STEPHEN, PAUL, S., ,</b>                                                                |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 9812 MAIN ST                                                                                                                    |             |                                     | Transaction ID : AF848FD48C16045FAA3C                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-2042              | Amount of Each Receipt this Period<br>3400.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>SEE REATTRIBUTION      |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>DEVELOPER             |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>STEPHEN, PAUL, S., ,</b>                                                                |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 9812 MAIN ST                                                                                                                    |             |                                     | Transaction ID : A55F79D87F0B04E7DABE                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-2042              | Amount of Each Receipt this Period<br>- 1800.00            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REATTRIBUTION FROM     |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>DEVELOPER             |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 4400.00                                                    |  |
| <b>TOTAL</b> 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 62 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                          |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>STEPHEN, TAMARA, , ,</b>                                                                |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 9812 MAIN ST                                                                                                                    |             |                                                                                          | Transaction ID : AEC9AFB8C157A4A3C988                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-2042                                                                   | Amount of Each Receipt this Period<br>1800.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>REATTRIBUTION TO                                                            |                                                            |  |
| Name of Employer<br>STEPHEN DEVELOPMENT                                                                                                         |             | Occupation<br>PROJECT MANAGER                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1800.00                                                      |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>STERN, ILAN, , ,</b>                                                                    |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 151 E 85TH ST<br>PHG                                                                                                            |             |                                                                                          | Transaction ID : A9D1354203E774062BC3                      |  |
| City<br>NEW YORK                                                                                                                                | State<br>NY | Zip Code<br>10028-2155                                                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC                                     |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>INVESTOR                                                                   |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00                                                      |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                                                          | Transaction ID : A9133DB1891F2446B846                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                                                                   | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY<br>TOTAL EARMARKED THROUGH CONDUIT. PAC<br>LIMIT NOT AFFECTED. |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                                                     |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                          | 1000.00                                                    |  |
| <b>TOTAL</b> 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 63 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>STERN, TRUDY, , ,</b>                                                                   |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 480 OCEAN AVE                                                                                                                   |             |                                                      | Transaction ID : A0BB1D89E9ED84BB4BB5                      |  |
| City<br>LAWRENCE                                                                                                                                | State<br>NY | Zip Code<br>11559-2719                               | Amount of Each Receipt this Period<br>999.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>SELF-EMPLOYED                                                                                                               |             | Occupation<br>ATTORNEY                               |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>999.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : A432E24F7A4A040CEBFB                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>999.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>STOCK, TROY, , ,</b>                                                                    |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 08 / 2023 |  |
| Mailing Address 975 F ST NW                                                                                                                     |             |                                                      | Transaction ID : AC4AC44FA7F994D37BE6                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20004-1454                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                                            |                                                            |  |
| Name of Employer<br>MONUMENT ADVOCACY                                                                                                           |             | Occupation<br>PRINCIPAL                              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 1499.00                                                    |  |
| <b>TOTAL</b> 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 64 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                   |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>SUN, CHLOE, B., ,</b>                                                                   |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 200 E 57TH ST<br>APT 10H                                                                                                        |             |                                   | Transaction ID : A796A4B6C503042148BF                      |  |
| City<br>NEW YORK                                                                                                                                | State<br>NY | Zip Code<br>10022-2866            | Amount of Each Receipt this Period<br>2000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>BUCKMAN                                                                                                                     |             | Occupation<br>INVESTMENT BANKER   |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>2000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>THE CHICKASAW NATION</b>                                                                |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 2020 LONNIE ABBOTT BLVD                                                                                                         |             |                                   | Transaction ID : ADCB71E0A8EB6495D9C1                      |  |
| City<br>ADA                                                                                                                                     | State<br>OK | Zip Code<br>74820-9255            | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                        |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>TODARO, FRANK, J., ,</b>                                                                |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 28 / 2023 |  |
| Mailing Address 290 S PARK AVE                                                                                                                  |             |                                   | Transaction ID : AFEA34670C5194514989                      |  |
| City<br>BUFFALO                                                                                                                                 | State<br>NY | Zip Code<br>14204-2534            | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                            |  |
| Name of Employer<br>ERIE COUNTY LEGISLATOR                                                                                                      |             | Occupation<br>GOVERNMENT OFFICIAL |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>600.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                   | 3500.00                                                    |  |
| <b>TOTAL</b> 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 65 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TORREY, MAUREEN, , ,</b>                                                                          |                                     |
| Mailing Address PO BOX 187                                                                                                                      |                                     |
| City<br>ELBA                                                                                                                                    | State<br>NY                         |
| Zip Code<br>14058-0187                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer<br>TORREY FARMS                                                                                                                | Occupation<br>FARMER                |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>6600.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A5DCCD3753A6D407B819

Amount of Each Receipt this Period

- 3300.00

☒ Memo Item  
REDESIGNATION FROM

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TORREY, MAUREEN, , ,</b>                                                                          |                                     |
| Mailing Address PO BOX 187                                                                                                                      |                                     |
| City<br>ELBA                                                                                                                                    | State<br>NY                         |
| Zip Code<br>14058-0187                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer<br>TORREY FARMS                                                                                                                | Occupation<br>FARMER                |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>6600.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A063985AC61FE4FFEB8D

Amount of Each Receipt this Period

3300.00

☒ Memo Item  
REDESIGNATION TO

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>TORREY, MAUREEN, , ,</b>                                                                          |                                     |
| Mailing Address PO BOX 187                                                                                                                      |                                     |
| City<br>ELBA                                                                                                                                    | State<br>NY                         |
| Zip Code<br>14058-0187                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     |
| Name of Employer<br>TORREY FARMS                                                                                                                | Occupation<br>FARMER                |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>6600.00 |

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A16031B0CEC0C4E5583A

Amount of Each Receipt this Period

6600.00

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

|         |
|---------|
| 6600.00 |
|         |

**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 66 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                              |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                      | Transaction ID : A83CDA6540DA14A859C1                      |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891               | Amount of Each Receipt this Period<br>6600.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>INTERMEDIARY            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                           | TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.   |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>VACCO, CARMEN, ALEXANDER, ,</b>                                                         |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 6420 HILLCROFT DR                                                                                                               |             |                                      | Transaction ID : ADBFDC44DC6E94B5AA4C                      |  |
| City<br>BOSTON                                                                                                                                  | State<br>NY | Zip Code<br>14025-9709               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer<br>LIPPES MATHIAS LLP                                                                                                          |             | Occupation<br>ASSOCIATE              |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00  |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WAGLE, MANOHAR, G., ,</b>                                                               |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 115 TROY VIEW LN                                                                                                                |             |                                      | Transaction ID : AF2F9D71BE7B147398CA                      |  |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY | Zip Code<br>14221-3523               | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                            |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2000.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                      | 2000.00                                                    |  |
| <b>TOTAL</b> 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 67 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**WAYNE, ANDREW, , ,**  
Mailing Address 3329 S STAFFORD STCity  
ARLINGTONState  
VAZip Code  
22206-1916FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIEMENS CORPORATIONOccupation  
DIRECTORReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 23 2023

Transaction ID : A30D690F284584945B1A

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**WE SAVE LOCAL, LLC**  
Mailing Address PO BOX 5023City  
CLIFTON PARKState  
NYZip Code  
12065-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 26 2023

Transaction ID : A9EE7BB6B7B564F7ABE9

Amount of Each Receipt this Period

3300.00

☐ Memo Item  
SEE ATTRIBUTION**C.** Full Name (Last, First, Middle Initial)  
**DISONELL, TOM, , ,**  
Mailing Address PO BOX 5023City  
CLIFTON PARKState  
NYZip Code  
12065-0861FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WE SAVE LOCAL, LLCOccupation  
OWNERReceipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 26 2023

Transaction ID : AA989FB02175D4E29815

Amount of Each Receipt this Period

3300.00

☒ Memo Item

PARTNERSHIP: WE SAVE LOCAL, LLC

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

3550.00

**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 68 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                      |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>WEINSTEIN, BARUCH, , ,</b>                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 4 IRIS ST                                                                                                                       |             |                                                      | Transaction ID : A49974CA4A8F846E5B6D                      |  |
| City<br>CEDARHURST                                                                                                                              | State<br>NY | Zip Code<br>11516-2611                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>EARMARKED (NON-DIRECTED) THROUGH NORPAC |                                                            |  |
| Name of Employer<br>CEDARVIEW CAPITAL MANAGEMENT                                                                                                |             | Occupation<br>CO-FOUNDER                             |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00                   |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NORPAC</b>                                                                              |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address PO BOX 1543                                                                                                                     |             |                                                      | Transaction ID : A6BE710B923A148FD903                      |  |
| City<br>ENGLEWOOD CLIFFS                                                                                                                        | State<br>NJ | Zip Code<br>07632-0543                               | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00247403                                                                       |             | Memo Item<br>INTERMEDIARY                            |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>16249.00                 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>WESTVIEW FARMS LLC</b>                                                                  |             |                                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 9430 SANDROCK RD                                                                                                                |             |                                                      | Transaction ID : A7774368A4FCC4DF3ADB                      |  |
| City<br>EDEN                                                                                                                                    | State<br>NY | Zip Code<br>14057-9522                               | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>SEE ATTRIBUTION                         |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                           |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00                   |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                      | 750.00                                                     |  |
| <b>TOTAL</b> 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 69 OF 137

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                            |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>O'GORMAN, KEVIN, N., ,</b>                                                              |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 9430 SANDROCK RD                                                                                                                |             |                                                            | Transaction ID : AC37E60A1D0694F34A98                      |  |
| City<br>EDEN                                                                                                                                    | State<br>NY | Zip Code<br>14057-9522                                     | Amount of Each Receipt this Period<br>250.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item |                                                            |  |
| Name of Employer<br>WESTVIEW FARMS LLC                                                                                                          |             | PARTNERSHIP: WESTVIEW FARMS LLC                            |                                                            |  |
| Occupation<br>FARMER                                                                                                                            |             |                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00                           |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>WOLFE, ELAINE, , ,</b>                                                                  |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 10110 GREINER RD                                                                                                                |             |                                                            | Transaction ID : ABC9830D26E93435EACE                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-1375                                     | Amount of Each Receipt this Period<br>99.00                |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input type="checkbox"/> Memo Item            |                                                            |  |
| Name of Employer<br>ELAINE WOLFE DESIGN                                                                                                         |             |                                                            |                                                            |  |
| Occupation<br>SALES                                                                                                                             |             |                                                            |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>298.00                           |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                                               |             |                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |
| Mailing Address                                                                                                                                 |             |                                                            |                                                            |  |
| City                                                                                                                                            | State       | Zip Code                                                   |                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Amount of Each Receipt this Period                         |                                                            |  |
| Name of Employer                                                                                                                                |             | Memo Item<br><input type="checkbox"/> Memo Item            |                                                            |  |
| Occupation                                                                                                                                      |             |                                                            |                                                            |  |
| Receipt For:                                                                                                                                    |             | Election Cycle-to-Date                                     |                                                            |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                 |             |                                                            |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                            | 99.00                                                      |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                            | 127553.00                                                  |  |

**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 70 OF 137

|                              |                                         |                              |                              |                             |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input checked="" 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)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**AURORA REPUBLICAN COMMITTEE**  
Mailing Address PO BOX 110

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>EAST AURORA | State<br>NY | Zip Code<br>14052-0110 |
|---------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A6BED036CAE234924A31

Amount of Each Receipt this Period

75.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**CLARENCE REPUBLICAN COMMITTEE**  
Mailing Address 4646 STONEBRIDGE WAY

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>CLARENCE | State<br>NY | Zip Code<br>14031-2622 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A92E6F6ABDD664ECDAE5

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**NIAGARA COUNTY REPUBLICAN COMMITTEE**  
Mailing Address PO BOX 196

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>LOCKPORT | State<br>NY | Zip Code<br>14095-0196 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A427EEF0B77934103B26

Amount of Each Receipt this Period

75.00

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

400.00

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

400.00

**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 71 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMALGAMATED SUGAR COMPANY PAC

Mailing Address 1951 S SATURN WAY  
STE 100City  
BOISEState  
IDZip Code  
83709-2924FEC ID number of contributing  
federal political committee.

C C00326389

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 29 2023

Transaction ID : AA5B38ECFC6904D6EA37

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN ASSOCIATION OF CROP INSURERS PAC

Mailing Address 1701 PENNSYLVANIA AVE NW  
STE 200City  
WASHINGTONState  
DCZip Code  
20006-5823FEC ID number of contributing  
federal political committee.

C C00172833

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 19 2023

Transaction ID : AB8105E8F30E64598B90

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC PAC)

Mailing Address 1400 L ST NW  
STE 400City  
WASHINGTONState  
DCZip Code  
20005-3592FEC ID number of contributing  
federal political committee.

C C00010868

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 26 2023

Transaction ID : AC892817D0C334F35850

Amount of Each Receipt this Period

2500.00

☐ Memo Item

5500.00

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 72 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY PAC**  
Mailing Address 101 3RD ST N

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MOORHEAD | State<br>MN | Zip Code<br>56560-1952 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 19 / 2023          |

Transaction ID : AA07AF0AACB6545D694B

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY PAC**  
Mailing Address 101 3RD ST N

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MOORHEAD | State<br>MN | Zip Code<br>56560-1952 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
7500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : AC079C30221FA4CFFA6F

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY PAC**  
Mailing Address 101 3RD ST N

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>MOORHEAD | State<br>MN | Zip Code<br>56560-1952 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2024  
☐ Primary ☒ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
7500.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A9BA8B82E5E934EA5BAD

Amount of Each Receipt this Period

2500.00

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

|         |
|---------|
| 7500.00 |
|         |

**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 73 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN DENTAL ASSOCIATION PAC (ADA PAC)</b>                                           |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 1111 14TH ST NW<br>STE 1100                                                                                                     |             |                                     | Transaction ID : A5DEA7E2E7AEA469EA97                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20005-5627              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00000729                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN DENTAL ASSOCIATION PAC (ADA PAC)</b>                                           |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 1111 14TH ST NW<br>STE 1100                                                                                                     |             |                                     | Transaction ID : AB41B974D1F294C2C843                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20005-5627              | Amount of Each Receipt this Period<br>1500.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00000729                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2500.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN GRIT PAC</b>                                                                   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 23 / 2023 |  |
| Mailing Address 824 S MILLEDGE AVE<br>SUITE 101                                                                                                 |             |                                     | Transaction ID : AF6A8254E48174770915                      |  |
| City<br>ATHENS                                                                                                                                  | State<br>GA | Zip Code<br>30605-1332              | Amount of Each Receipt this Period<br>500.00               |  |
| FEC ID number of contributing federal political committee.<br>C C00756551                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 3000.00                                                    |  |
| <b>TOTAL</b> 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 74 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|--------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN HOSPITAL ASSOCIATION PAC</b>                                                   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 23 / 2023 |  |
| Mailing Address 800 10TH ST NW<br>TWO CITYCENTER, SUITE 400                                                                                     |             |                                     | Transaction ID : A8335700FB4F34E67BA0                        |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20001-5188              | Amount of Each Receipt this Period<br>2000.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00106146                                                                       |             | Memo Item <input type="checkbox"/>  |                                                              |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2000.00 |                                                              |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN HOSPITAL ASSOCIATION PAC</b>                                                   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 19 / 2023 |  |
| Mailing Address 800 10TH ST NW<br>TWO CITYCENTER, SUITE 400                                                                                     |             |                                     | Transaction ID : ABF00B7945E904349A71                        |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20001-5188              | Amount of Each Receipt this Period<br>1000.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00106146                                                                       |             | Memo Item <input type="checkbox"/>  |                                                              |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>3000.00 |                                                              |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>AMERICAN PHARMACISTS ASSOCIATION PAC</b>                                                |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 2215 CONSTITUTION AVE NW                                                                                                        |             |                                     | Transaction ID : AD345BEC0DD1E42F8B1E                        |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20037-2907              | Amount of Each Receipt this Period<br>1000.00                |  |
| FEC ID number of contributing federal political committee.<br>C C00193854                                                                       |             | Memo Item <input type="checkbox"/>  |                                                              |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                              |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                              |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 4000.00                                                      |  |
| <b>TOTAL</b> 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 75 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC PAC**  
Mailing Address PO BOX 938

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| THIBODAUX | LA    | 70302-0938 |

FEC ID number of contributing  
federal political committee.**C** C00081414

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : ABC8767BFF3004E45A3C

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGARBEET GROWERS ASSOCIATION PAC**  
Mailing Address 1155 15TH ST NW  
STE 1100

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20005-2714 |

FEC ID number of contributing  
federal political committee.**C** C00167684

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A74DD7A3D19594715AC7

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**AVANGRID PAC**Mailing Address 607 14TH ST NW  
STE 540

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20005-2096 |

FEC ID number of contributing  
federal political committee.**C** C00406801

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : A61C6B82C179B4F578F5

Amount of Each Receipt this Period

2500.00

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

4500.00

**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 76 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>CARGILL, INCORPORATED PAC</b>                                                                     |                                     |
| Mailing Address PO BOX 9300<br>C/O CARGILL, INC. / CORP A&F / DEP                                                                               |                                     |
| City<br>MINNEAPOLIS                                                                                                                             | State<br>MN                         |
| Zip Code<br>55440-9300                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00067884                                                                |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 26 / 2023          |

Transaction ID : A074A43F652C7445C9D0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>CHARTER COMMUNICATIONS INC. PAC</b>                                                               |                                     |
| Mailing Address 400 ATLANTIC ST<br>FL 10                                                                                                        |                                     |
| City<br>STAMFORD                                                                                                                                | State<br>CT                         |
| Zip Code<br>06901-3512                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00426775                                                                |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2500.00 |

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 26 / 2023          |

Transaction ID : A56A523C707184D32A82

Amount of Each Receipt this Period

2500.00

☐ Memo Item

|                                                                                                                                                 |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>CITIZENS FOR BOB ALTIERI</b>                                                                      |                                   |
| Mailing Address 4244 OAKWOOD DR                                                                                                                 |                                   |
| City<br>WILLIAMSVILLE                                                                                                                           | State<br>NY                       |
| Zip Code<br>14221-7421                                                                                                                          |                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>                                                                          |                                   |
| Name of Employer                                                                                                                                | Occupation                        |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>99.00 |

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A9B878D485ACF4D3AA5E

Amount of Each Receipt this Period

99.00

☐ Memo Item

3599.00

**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 77 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**Mailing Address 228 S WASHINGTON ST  
STE 115City  
ALEXANDRIAState  
VAZip Code  
22314-5404FEC ID number of contributing  
federal political committee.

C C00503680

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : AE37503433677454098E

Amount of Each Receipt this Period

2000.00

☐ Memo Item**B. CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**Mailing Address 99 M ST SE  
STE 300City  
WASHINGTONState  
DCZip Code  
20003-3957FEC ID number of contributing  
federal political committee.

C C00007880

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : AA52C9594D3504252874

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C. CUMMINS INC. PAC (CIPAC)**Mailing Address 601 PENNSYLVANIA AVE NW  
NORTH BUILDING SUITE 1100NCity  
WASHINGTONState  
DCZip Code  
20004-2601FEC ID number of contributing  
federal political committee.

C C00377952

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 19 2023

Transaction ID : A8DE4E642C6D84C61B42

Amount of Each Receipt this Period

1000.00

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

4000.00

**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 78 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**DAKOTA LEADERSHIP PAC**  
Mailing Address PO BOX 278

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| MITCHELL | SD    | 57301-0278 |

FEC ID number of contributing  
federal political committee.**C** C00688549

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 04  |   | 26  |   | 2023        |

Transaction ID : AB19DA461BB424199ABF

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**  
Mailing Address 1455 PENNSYLVANIA AVE NW  
STE 320

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20004-1039 |

FEC ID number of contributing  
federal political committee.**C** C00012328

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : A118E7E2B3DD54F4D8B8

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JOE LIBERTI**  
Mailing Address 95 NORWOOD LN

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| ORCHARD PARK | NY    | 14127-2073 |

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

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A2B2DCBB95E43449696D

Amount of Each Receipt this Period

75.00

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

2075.00

**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 Page

FOR LINE NUMBER: PAGE 79 OF 137

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF SCOTT HONER**

Mailing Address 19 PINE TER

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| ORCHARD PARK | NY    | 14127-3929 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : AAA74ABD11EA643A8842

Amount of Each Receipt this Period

75.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**GARCIA FOR SHERIFF**

Mailing Address 42 DEERCHASE RD

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| WEST SENECA | NY    | 14224-1244 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : A554DAF3984394458B66

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION PAC (GENERAL DYNAMICS EMPLOYEE PAC)**

Mailing Address 11011 SUNSET HILLS RD

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| RESTON | VA    | 20190-5311 |

FEC ID number of contributing  
federal political committee.

C

C00078451

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : A5A1D16582BB047AEA6E

Amount of Each Receipt this Period

1000.00

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

1325.00

**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 80 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. HARDWOOD FEDERATION PAC INC</b>                                                                |                                     |
| Mailing Address 1101 K ST NW<br>STE 700                                                                                                         |                                     |
| City<br>WASHINGTON                                                                                                                              | State<br>DC                         |
| Zip Code<br>20005-7033                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00396671                                                                |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : AF4EC09D9BDF54338B33

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. HEINEKEN USA INC GOOD GOVERNMENT FUND</b>                                                      |                                     |
| Mailing Address 360 HAMILTON AVE<br>STE 1103                                                                                                    |                                     |
| City<br>WHITE PLAINS                                                                                                                            | State<br>NY                         |
| Zip Code<br>10601-1841                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00358234                                                                |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 26  |   | 2023    |

Transaction ID : A1ED51B0FEE964CCEB7B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. HOUSE CONSERVATIVES FUND</b>                                                                   |                                     |
| Mailing Address 228 S WASHINGTON ST<br>STE 115                                                                                                  |                                     |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA                         |
| Zip Code<br>22314-5404                                                                                                                          |                                     |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00326439                                                                |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 29  |   | 2023    |

Transaction ID : A8E95ED25C8DE4FAABFB

Amount of Each Receipt this Period

1000.00

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

|         |
|---------|
| 3000.00 |
|---------|

**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 81 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS &amp; BROKERS OF AMERICA, INC. PAC (INSURPAC)

A.

Mailing Address 20 F ST NW

STE 610

City

WASHINGTON

State

DC

Zip Code

20001-6707

FEC ID number of contributing  
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

Transaction ID : ACEC2275BDB264413B12

Amount of Each Receipt this Period

1000.00

☐

Memo Item

B.

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC

Mailing Address 600 MARYLAND AVE SW

STE 850E

City

WASHINGTON

State

DC

Zip Code

20024-2566

FEC ID number of contributing  
federal political committee.

C C00100321

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : ACD01079D332A4178AEF

Amount of Each Receipt this Period

1000.00

☐

Memo Item

C.

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DR

STE 100

City

ARLINGTON

State

VA

Zip Code

22202-3706

FEC ID number of contributing  
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 2 | 3 |

Transaction ID : AC6F44216FD1A4EB587F

Amount of Each Receipt this Period

1000.00

☐

Memo Item

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

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

3000.00

**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 82 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**MICHIGAN SUGAR COMPANY GROWERS PAC**Mailing Address 122 UPTOWN DR  
UNIT 300City  
BAY CITYState  
MIZip Code  
48708-5627FEC ID number of contributing  
federal political committee.**C** C00384354

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 04  |   | 26  |   | 2023        |

Transaction ID : A72BCAB8BCFDA40CAA09

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER RD

City  
WAHPETONState  
NDZip Code  
58075-9705FEC ID number of contributing  
federal political committee.**C** C00164939

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 19  |   | 2023        |

Transaction ID : A9AC431D18D6B457ABA5

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE NW

City  
WASHINGTONState  
DCZip Code  
20005-4171FEC ID number of contributing  
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 19  |   | 2023        |

Transaction ID : AF69D709233C5435E987

Amount of Each Receipt this Period

1000.00

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

3000.00

**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 83 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. (NACDS PAC)**Mailing Address 1776 WILSON BLVD  
STE 200City  
ARLINGTONState  
VAZip Code  
22209-2516FEC ID number of contributing  
federal political committee.**C** C00022368

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AFD30E5FCA184450AA40

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL FUND)**

Mailing Address 100 INDIANA AVE NW

City  
WASHINGTONState  
DCZip Code  
20001-2143FEC ID number of contributing  
federal political committee.**C** C00023580

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : ADCAC8964D3134BBDB2B

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC (RPAC)**

Mailing Address 430 N MICHIGAN AVE

City  
CHICAGOState  
ILZip Code  
60611-4011FEC ID number of contributing  
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 2 | 3 |

Transaction ID : AEB7952FEB06244C3B92

Amount of Each Receipt this Period

2000.00

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

5500.00

**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 84 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC</b>                                           |                                     |
| Mailing Address 100 DAINGERFIELD RD                                                                                                             |                                     |
| City<br>ALEXANDRIA                                                                                                                              | State<br>VA Zip Code<br>22314-2886  |
| FEC ID number of contributing federal political committee.<br>C C00030809                                                                       |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 19  |   | 2023    |

Transaction ID : A04DCC8053B59422E9C0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (NECAPAC)</b>                                      |                                     |
| Mailing Address 1201 PENNSYLVANIA AVE NW<br>FL 12                                                                                               |                                     |
| City<br>WASHINGTON                                                                                                                              | State<br>DC Zip Code<br>20004-2401  |
| FEC ID number of contributing federal political committee.<br>C C00113811                                                                       |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2500.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : ADB834E044A3C4881BD0

Amount of Each Receipt this Period

2500.00

☐ Memo Item

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. NATIONAL EMERGENCY MEDICINE PAC (NEMPAC) / AMERICAN COLLEGE OF EMERGENCY PHYSICIANS</b>        |                                     |
| Mailing Address 4950 W ROYAL LN                                                                                                                 |                                     |
| City<br>IRVING                                                                                                                                  | State<br>TX Zip Code<br>75063-2524  |
| FEC ID number of contributing federal political committee.<br>C C00140061                                                                       |                                     |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : A575D2A6D113E433994C

Amount of Each Receipt this Period

1000.00

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

|         |
|---------|
| 4500.00 |
|---------|

**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 85 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL FEDERATION OF INDEPENDENT BUSINESS FEDERAL PAC (NFIB PAC)

A.

Mailing Address 1201 F ST NW  
STE 200City  
WASHINGTONState  
DCZip Code  
20004-1221FEC ID number of contributing  
federal political committee.

C C00101105

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 26 2023

Transaction ID : A579B395E28BA4E2084C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL RURAL LETTER CARRIERS' ASSOCIATION PAC (NRLCA PAC)

B.

Mailing Address 1630 DUKE ST  
FL 2City  
ALEXANDRIAState  
VAZip Code  
22314-3467FEC ID number of contributing  
federal political committee.

C C00072025

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : AB95B7AA563A34D30859

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL STONE, SAND &amp; GRAVEL ASSOCIATION ROCKPAC (NSSGA ROCKPAC)

C.

Mailing Address 66 CANAL CENTER PLZ  
STE 300City  
ALEXANDRIAState  
VAZip Code  
22314-1576FEC ID number of contributing  
federal political committee.

C C00089458

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 29 2023

Transaction ID : A377CCC9948544004B93

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

6000.00

**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 86 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                     |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NEW YORK LIFE INSURANCE COMPANY PAC</b>                                                 |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 26 / 2023 |  |
| Mailing Address 51 MADISON AVE<br>RM 1109                                                                                                       |             |                                     | <b>Transaction ID : A80F36A15B19745D5A63</b>               |  |
| City<br>NEW YORK                                                                                                                                | State<br>NY | Zip Code<br>10010-1603              | Amount of Each Receipt this Period<br>5000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00158881                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>5000.00 |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NRA VICTORY FUND, INC.</b>                                                              |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 11250 WAPLES MILL RD                                                                                                            |             |                                     | <b>Transaction ID : AC973FE0D6EBD4E2E8FE</b>               |  |
| City<br>FAIRFAX                                                                                                                                 | State<br>VA | Zip Code<br>22030-7550              | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00741710                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NUCOR CORPORATION PAC</b>                                                               |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 1915 REXFORD RD                                                                                                                 |             |                                     | <b>Transaction ID : AE2A36A12DFD14167BFB</b>               |  |
| City<br>CHARLOTTE                                                                                                                               | State<br>NC | Zip Code<br>28211-3465              | Amount of Each Receipt this Period<br>3500.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00379628                                                                       |             | Memo Item <input type="checkbox"/>  |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                          |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>3500.00 |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                     | 9500.00                                                    |  |
| <b>TOTAL</b> 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 87 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
PAC OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS (AAOS)Mailing Address 317 MASSACHUSETTS AVE NE  
FL 1

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20002-5769 |
|--------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 29 / 2023          |

Transaction ID : A5C808F3D20FE4E46957

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
PAC OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS (AAOS)Mailing Address 317 MASSACHUSETTS AVE NE  
FL 1

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20002-5769 |
|--------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2023          |

Transaction ID : A08AE69E27DF9447D93D

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**Mailing Address 410 1ST ST SE  
STE 200

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003-1819 |
|--------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
3000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 20 / 2023          |

Transaction ID : AD89AA407BE594785908

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

3000.00

**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 88 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                      |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>WINRED</b>                                                                                        |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 20 / 2023    |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                      | Transaction ID : A8E80B2DE38314867BFD                         |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891               |                                                               |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             |                                      | Amount of Each Receipt this Period<br>1000.00                 |
| Name of Employer                                                                                                                                |             | Occupation                           | <input checked="" type="checkbox"/> Memo Item<br>INTERMEDIARY |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>38111.00 |                                                               |
| TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.                                                                                        |             |                                      |                                                               |

|                                                                                                                                                 |             |                                     |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>SCALISE FOR CONGRESS</b>                                                                          |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |
| Mailing Address PO BOX 23219                                                                                                                    |             |                                     | Transaction ID : AF57F47189DD94ED0B44                      |
| City<br>NEW ORLEANS                                                                                                                             | State<br>LA | Zip Code<br>70183-0219              |                                                            |
| FEC ID number of contributing federal political committee.<br>C C00394957                                                                       |             |                                     | Amount of Each Receipt this Period<br>2000.00              |
| Name of Employer                                                                                                                                |             | Occupation                          | <input type="checkbox"/> Memo Item                         |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2000.00 |                                                            |

|                                                                                                                                                 |             |                                     |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE PAC</b>                                                 |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 26 / 2023 |
| Mailing Address 83550 COUNTY ROAD 21                                                                                                            |             |                                     | Transaction ID : AF89B22688096463283B                      |
| City<br>RENVILLE                                                                                                                                | State<br>MN | Zip Code<br>56284-2319              |                                                            |
| FEC ID number of contributing federal political committee.<br>C C00166348                                                                       |             |                                     | Amount of Each Receipt this Period<br>1000.00              |
| Name of Employer                                                                                                                                |             | Occupation                          | <input type="checkbox"/> Memo Item                         |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |                                                            |

**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 89 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE PAC**  
Mailing Address 83550 COUNTY ROAD 21

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| RENVILLE | MN    | 56284-2319 |

FEC ID number of contributing  
federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

Transaction ID : A8935E1EE7D0C4E3D9EA

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**TEXAS RED**  
Mailing Address PO BOX 52486

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| AMARILLO | TX    | 79159-2486 |

FEC ID number of contributing  
federal political committee. **C** C00753384

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 19  |   | 2023    |

Transaction ID : A49C4A537C4824E26852

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER PAC**  
Mailing Address PO BOX 9891

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| ARLINGTON | VA    | 22219-1891 |

FEC ID number of contributing  
federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 29  |   | 2023    |

Transaction ID : AC29EBB4FE9C34731A11

Amount of Each Receipt this Period

5000.00

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

7000.00

**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 90 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>THE FARM CREDIT COUNCIL PAC</b>                                                         |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 50 F ST NW<br>STE 900                                                                                                           |             |                                    | Transaction ID : AAB5994AC6B1744EAB22                      |  |
| City<br>WASHINGTON                                                                                                                              | State<br>DC | Zip Code<br>20001-1530             | Amount of Each Receipt this Period<br>5000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00193631                                                                       |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>5000.00  |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>TODARO FOR TAXPAYERS</b>                                                                |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 30 / 2023 |  |
| Mailing Address 5165 BROADWAY<br>UNIT 188                                                                                                       |             |                                    | Transaction ID : AFEA8A2F6F62C458BA7C                      |  |
| City<br>DEPEW                                                                                                                                   | State<br>NY | Zip Code<br>14043-4012             | Amount of Each Receipt this Period<br>100.00               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>100.00   |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>TOGETHER FOR OUR MAJORITY PAC (TOMPAC)</b>                                              |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 29 / 2023 |  |
| Mailing Address 8261 OLD POST RD E                                                                                                              |             |                                    | Transaction ID : A5C16BEB213314969B92                      |  |
| City<br>EAST AMHERST                                                                                                                            | State<br>NY | Zip Code<br>14051-1584             | Amount of Each Receipt this Period<br>1000.00              |  |
| FEC ID number of contributing federal political committee.<br>C C00364174                                                                       |             | Memo Item <input type="checkbox"/> |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00  |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                    | 6100.00                                                    |  |
| <b>TOTAL</b> 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 91 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC (UPSPAC)**

Mailing Address 55 GLENLAKE PKWY

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| ATLANTA | GA    | 30328-3474 |

FEC ID number of contributing  
federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 30  |   | 2023        |

Transaction ID : AD6F9AB87D4B346F198F

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH GROUP PAC)**Mailing Address 701 PENNSYLVANIA AVE NW  
STE 600

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| WASHINGTON | DC    | 20004-2692 |

FEC ID number of contributing  
federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
2500.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : ABADD1E5343C24160B88

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT (WALPAC)**

Mailing Address 702 SW 8TH ST

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| BENTONVILLE | AR    | 72716-6209 |

FEC ID number of contributing  
federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 06  |   | 29  |   | 2023        |

Transaction ID : A983198741EB54106BA2

Amount of Each Receipt this Period

1000.00

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

|         |
|---------|
| 4000.00 |
|         |

**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 92 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A.** WESTERN SUGAR COOPERATIVE PACMailing Address 7555 E HAMPDEN AVE  
STE 520City  
DENVERState  
COZip Code  
80231-4850FEC ID number of contributing  
federal political committee.

C C00446674

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 29 2023

Transaction ID : A03FF2F072F8443AD934

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.** ZACHOWICZ FOR LEGISLATURE

Mailing Address 37 LOXLEY RD

City  
CHEEKTOWAGAState  
NY

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2023

Transaction ID : AD834EC88D22647DD9FF

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

1075.00

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

94174.00

**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 93 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST****A.** Mailing Address PO BOX 30844

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>BETHESDA | State<br>MD | Zip Code<br>20824-0844 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00493783

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
11736.61

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 05 / 22 / 2023          |

Transaction ID : A50EE6C75E8CB45709FE

Amount of Each Receipt this Period

2519.28

☐ Memo Item  
TRANSFER OF JOINT FUNDRAISING PROCEEDSFull Name (Last, First, Middle Initial)  
**B. MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address 7525 RED RIVER RD

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>WAHPETON | State<br>ND | Zip Code<br>58075-9705 |
|------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1000.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 04 / 2023          |

Transaction ID : A1247594C5FA54ECEBFA

Amount of Each Receipt this Period

1000.00

☒ Memo ItemFull Name (Last, First, Middle Initial)  
**C. SNACK FOOD ASSOCIATION PAC (SNACKPAC)**Mailing Address 1600 WILSON BLVD  
STE 650

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>ARLINGTON | State<br>VA | Zip Code<br>22209-2510 |
|-------------------|-------------|------------------------|

FEC ID number of contributing  
federal political committee. **C** C00118919

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
250.00

Date of Receipt

|                         |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 04 / 04 / 2023          |

Transaction ID : A920873C275D34381ACB

Amount of Each Receipt this Period

250.00

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

|         |
|---------|
| 2519.28 |
|         |

**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 94 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC PAC**  
Mailing Address PO BOX 938City State Zip Code  
THIBODAUX LA 70302-0938FEC ID number of contributing  
federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 11 2023

Transaction ID : A5991BE5162EF4B16881

Amount of Each Receipt this Period

500.00

☒ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**  
Mailing Address PO BOX 10383City State Zip Code  
DES MOINES IA 50306-0383FEC ID number of contributing  
federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1111.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 12 2023

Transaction ID : A107C3B479FCD43E6AF9

Amount of Each Receipt this Period

1111.11

☒ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST**  
Mailing Address PO BOX 30844City State Zip Code  
BETHESDA MD 20824-0844FEC ID number of contributing  
federal political committee. **C** C00493783

Name of Employer Occupation

Receipt For: 2024  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
12585.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2023

Transaction ID : ACEB6AE65952A4E9BB80

Amount of Each Receipt this Period

848.65

☐ Memo Item

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

848.65

**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 95 OF 137

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

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FERT PAC (THE PAC OF THE FERTILIZER INSTITUTE)

A.

Mailing Address 425 3RD ST SW  
STE 960

City

WASHINGTON

State

DC

Zip Code

20024-3206

FEC ID number of contributing  
federal political committee.

C C00085910

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 17 2023

Transaction ID : AC26B730E6CCD4519854

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

FAITH IN AMERICA PAC

B.

Mailing Address PO BOX 1483

City

ROSWELL

State

GA

Zip Code

30077-1483

FEC ID number of contributing  
federal political committee.

C C00805671

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 30 2023

Transaction ID : A6B2940478C56468F8AB

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE

C.

Mailing Address PO BOX 120

City

CLARENCE

State

NY

Zip Code

14031-0120

FEC ID number of contributing  
federal political committee.

C C00832188

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43040.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2023

Transaction ID : A25FFE2CBF6AA4D0FA24

Amount of Each Receipt this Period

2526.15

☐ Memo Item

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

2526.15

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 96 OF 137

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

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                                                                           |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>LEE, PATRICK, P., ,</b>                                                                 |             |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 26 / 2023 |  |
| Mailing Address 13 SUNRISE CAY DR                                                                                                               |             |                                                                                           | Transaction ID : A04675B9AB0404BF6868                      |  |
| City<br>KEY LARGO                                                                                                                               | State<br>FL | Zip Code<br>33037-5301                                                                    | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item                                |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                                                     |                                                            |  |
| Receipt For: 2024<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                                                       |                                                            |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>LANGWORTHY CONGRESSIONAL VICTORY COMMITTEE</b>                                          |             |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 26 / 2023 |  |
| Mailing Address PO BOX 120                                                                                                                      |             |                                                                                           | Transaction ID : ABEB26CA87117426FBE7                      |  |
| City<br>CLARENCE                                                                                                                                | State<br>NY | Zip Code<br>14031-0120                                                                    | Amount of Each Receipt this Period<br>2526.15              |  |
| FEC ID number of contributing federal political committee.<br>C C00832188                                                                       |             | Memo Item<br><input type="checkbox"/> Memo Item<br>TRANSFER OF JOINT FUNDRAISING PROCEEDS |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                                                                                |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>43040.77                                                      |                                                            |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>LEE, PATRICK, P., ,</b>                                                                 |             |                                                                                           | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>04 / 26 / 2023 |  |
| Mailing Address 13 SUNRISE CAY DR                                                                                                               |             |                                                                                           | Transaction ID : ABECAB645FD2540119C4                      |  |
| City<br>KEY LARGO                                                                                                                               | State<br>FL | Zip Code<br>33037-5301                                                                    | Amount of Each Receipt this Period<br>3300.00              |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br><input checked="" type="checkbox"/> Memo Item                                |                                                            |  |
| Name of Employer<br>RETIRED                                                                                                                     |             | Occupation<br>RETIRED                                                                     |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>6600.00                                                       |                                                            |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                         |             |                                                                                           | 2526.15                                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                               |             |                                                                                           | 8420.23                                                    |  |

**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 97 OF 137

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <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)  
**LANGWORTHY FOR CONGRESS**

|                                                                                                                                                 |             |                                    |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>DELTA AIR LINES</b>                                                                     |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>06 / 27 / 2023 |  |
| Mailing Address 1030 DELTA BLVD                                                                                                                 |             |                                    | Transaction ID : AAC2655033B5B4E8A99A                      |  |
| City<br>ATLANTA                                                                                                                                 | State<br>GA | Zip Code<br>30354-1989             | Amount of Each Receipt this Period<br>578.90               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item<br>TRAVEL                |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For: 2024<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>578.90 |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                    | Date of Receipt                                            |  |
| <b>B.</b> Mailing Address                                                                                                                       |             |                                    | M M / D D / Y Y Y Y Y                                      |  |
| City                                                                                                                                            | State       | Zip Code                           | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼           |                                                            |  |
| Full Name (Last, First, Middle Initial)                                                                                                         |             |                                    | Date of Receipt                                            |  |
| <b>C.</b> Mailing Address                                                                                                                       |             |                                    | M M / D D / Y Y Y Y Y                                      |  |
| City                                                                                                                                            | State       | Zip Code                           | Amount of Each Receipt this Period                         |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                          |                                                            |  |
| Name of Employer                                                                                                                                |             | Occupation                         |                                                            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date ▼           |                                                            |  |
| SUBTOTAL of Receipts This Page (optional)..... ▶                                                                                                |             |                                    | 578.90                                                     |  |
| TOTAL This Period (last page this line number only)..... ▶                                                                                      |             |                                    | 578.90                                                     |  |

**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 98 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
FORT WORTHState  
TXZip Code  
76155-1801

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

383.90

Transaction ID : BF8C30DC5A01F4548BE7

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2023    |

City  
FORT WORTHState  
TXZip Code  
76155-1801

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

111.00

Transaction ID : B792221CCEBFB49A9984

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 03  |   | 2023    |

City  
NEW ORLEANSState  
LAZip Code  
70112-1221

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

304.60

Transaction ID : B2232A1F46B3B4799811

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

799.50

**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 99 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

132.30

Transaction ID : B7E1469296EFD49BFADB

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.30

Transaction ID : B109A0F842D914884951

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.10

Transaction ID : BDF280011B55D4972B4B

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

136.70

**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 100 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

100.30

Transaction ID : B79C3BE1D090D4774A01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.90

Transaction ID : BBFB1E9E58F134CFE92A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 3 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : B44181B7C3D224B2CB11

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

181.50

**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 101 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.60

Transaction ID : B28F9798F01F240ACAC7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

60.60

Transaction ID : BD8E212B91700498AA59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30.60

Transaction ID : B34D5F4F307AB43FFA3B

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

131.80

**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 102 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : BA721E717E2A34B5CABC

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 1 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : BCBFA90E554D442E682D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.60

Transaction ID : B931AC389AA9D4946864

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

101.20

**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 103 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 7 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

61.28

Transaction ID : BB82F22F6A95E4999BDC

☐ Memo Item**B. ANEDOT INC**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112-1221Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.60

Transaction ID : B915EC3CC589D4FC9BCE

☐ Memo Item**C. ARENA LLC**Mailing Address 1260 E STRINGHAM AVE  
# 350City  
SALT LAKE CITYState  
UTZip Code  
84106-2963Purpose of Disbursement  
WEBSITE SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.19

Transaction ID : BA4C2F911AB8C42D6AA1

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

160.07

**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 104 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ARENA LLC**Mailing Address 1260 E STRINGHAM AVE  
# 350City  
SALT LAKE CITYState  
UTZip Code  
84106-2963Purpose of Disbursement  
WEBSITE SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.65

Transaction ID : B02A3744587E44C32819

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARENA LLC**Mailing Address 1260 E STRINGHAM AVE  
# 350City  
SALT LAKE CITYState  
UTZip Code  
84106-2963Purpose of Disbursement  
WEBSITE SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.65

Transaction ID : BCA984AF9F600414290D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARENA LLC**Mailing Address 1260 E STRINGHAM AVE  
# 350City  
SALT LAKE CITYState  
UTZip Code  
84106-2963Purpose of Disbursement  
WEBSITE SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.17

Transaction ID : B67E9DA73BD8544558C0

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

235.47

**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 105 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ARENA LLC**Mailing Address 1260 E STRINGHAM AVE  
# 350City  
SALT LAKE CITYState  
UTZip Code  
84106-2963Purpose of Disbursement  
WEBSITE SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

78.17

Transaction ID : BBC270E8A3BD24AA0A14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST

City  
NEWPORTState  
KYZip Code  
41071-2006Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3273.06

Transaction ID : B70A0DB5EABB84E5890C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST

City  
NEWPORTState  
KYZip Code  
41071-2006Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2524.66

Transaction ID : BAE44BF6D20014FEFBC1

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

5875.89

**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 106 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST

City  
NEWPORTState  
KYZip Code  
41071-2006Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3179.37

Transaction ID : B4517E7D2602241EDB19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST

City  
NEWPORTState  
KYZip Code  
41071-2006Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2501.62

Transaction ID : B369A314BA8704F2B8E8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPELIANIS CONSULTING**

Mailing Address 221 N PATRICK ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2440Purpose of Disbursement  
FINANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4938.64

Transaction ID : B126776E3FA2341079FA

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

10619.63

**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 107 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CAPELIANIS CONSULTING**

Mailing Address 221 N PATRICK ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2440Purpose of Disbursement  
FINANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9F805D15704749BBAD2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPELIANIS CONSULTING**

Mailing Address 221 N PATRICK ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2440Purpose of Disbursement  
FINANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B04579F2FCDD749C7A83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPELIANIS CONSULTING**

Mailing Address 221 N PATRICK ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2440Purpose of Disbursement  
FINANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9C50030D4B834A1F865

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

7500.00

**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 108 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CAPELIANIS CONSULTING**

Mailing Address 221 N PATRICK ST

City  
ALEXANDRIAState  
VAZip Code  
22314-2440Purpose of Disbursement  
FINANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 1 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B526AC71A56584C22B1D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1801Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

759.88

Transaction ID : B216B08B931DF413D90D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1801Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

106.00

Transaction ID : B25089125B53E4BBBA3C

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

3365.88

**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 109 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20003-1801

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

204.56

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B0BE84FA6F7EA4833883

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B. CASILIO COMMUNICATIONS LLC**

Mailing Address 8899 MAIN ST

Date of Disbursement

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

City  
WILLIAMSVILLEState  
NYZip Code  
14221-7628

FEC Identification Number

C

Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B57142D7A808A45ED8F9

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. CASILIO COMMUNICATIONS LLC**

Mailing Address 8899 MAIN ST

Date of Disbursement

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

City  
WILLIAMSVILLEState  
NYZip Code  
14221-7628

FEC Identification Number

C

Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : BC7239D4A8CFD4231B83

☐ Memo Item

State:

District:

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

2704.56

**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 110 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CASILIO COMMUNICATIONS LLC**

Mailing Address 8899 MAIN ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 04  |   | 2023    |

City  
WILLIAMSVILLEState  
NYZip Code  
14221-7628

FEC Identification Number

C

Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Transaction ID : BECBDF02673974319A6A

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CASILIO COMMUNICATIONS LLC**

Mailing Address 8899 MAIN ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
WILLIAMSVILLEState  
NYZip Code  
14221-7628

FEC Identification Number

C

Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1250.00

Transaction ID : B9C5103013EA448A2AEB

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. CHAUTAUQUA COUNTY REPUBLICAN COMMITTEE**

Mailing Address 9190 FORSYTH RD E

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 04  |   | 2023    |

City  
RIPLEYState  
NYZip Code  
14775-9536

FEC Identification Number

C

Purpose of Disbursement  
ADVERTISING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

175.00

Transaction ID : B8B353F0BF07C4E53B93

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

2675.00

**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 111 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CHEF'S RESTAURANT**

Mailing Address 291 SENECA ST

City  
BUFFALOState  
NYZip Code  
14204-2011Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" 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 | 6 |   | 2 | 9 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

875.80

Transaction ID : B008747C29E0F4C3DB0F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CLOCKWORK SYSTEMS**

Mailing Address 729 ARGYLE RD

City  
SILVER SPRINGState  
MDZip Code  
20901-3201Purpose of Disbursement  
DATA SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

675.00

Transaction ID : B463A1ADC78384D6EBF5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

City  
WALTHAMState  
MAZip Code  
02451-7333Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" 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 | 6 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

360.00

Transaction ID : B43AAC662BD4E4B26B65

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

1910.80

**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 112 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CUSTOM PINS INC**Mailing Address 150 CLEARBROOK RD  
STE 139City  
ELMSFORDState  
NYZip Code  
10523-1148Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1228.88

Transaction ID : B78BDE5735BF64E00A98

☐ Memo Item**B. DELTA AIR LINES**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354-1989Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 2 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

578.90

Transaction ID : BD08A32F86E144806AAF

☐ Memo Item**C. DELUXE**

Mailing Address 801 S MARQUETTE AVE

City  
MINNEAPOLISState  
MNZip Code  
55402-2807Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 5 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

251.09

Transaction ID : B73292237A189463BAA9

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

2058.87

**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 113 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FLEXPOINT CAMPAIGNS**Mailing Address 6530 W CAMPUS OVAL  
STE 175City  
NEW ALBANYState  
OHZip Code  
43054-7162Purpose of Disbursement  
REFUND: MEDIA

Candidate Name

Office Sought:

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

Disbursement For: 2022

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 2 | 3 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

- 2214.45

Transaction ID : BD54FA568A33348E59A8

☐ Memo Item**B. INVARIANT LLC**Mailing Address 901 7TH ST NW  
STE 600City  
WASHINGTONState  
DCZip Code  
20001-4496Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

236.25

Transaction ID : B8D84F71DFD424FB2B2D

☐ Memo Item**C. LANGWORTHY, NICK, , ,**

Mailing Address PO BOX 120

City  
CLARENCEState  
NYZip Code  
14031-0120Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 4 |   | 0 | 4 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3157.31

Transaction ID : BFFB137A5C87546CDA2F

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

1179.11

**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 114 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. THE CAPITAL GRILLE**

Mailing Address 1000 DARDEN CENTER DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

City  
ORLANDOState  
FLZip Code  
32837-4032

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

648.10

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B61082E5B799E4232A07

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**B. HYATT HOTELS CORPORATION**

Mailing Address 150 N RIVERSIDE PLAZA

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

City  
CHICAGOState  
ILZip Code  
60606-1598

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

515.51

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B36973E3B51B54B1EBB9

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. EXXONMOBIL**

Mailing Address 5959 LAS COLINAS BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

City  
IRVINGState  
TXZip Code  
75039-4202

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

141.64

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B07490FB3B8E7457482C

☒ Memo Item

State:

District:

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

0.00

**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 115 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MAUREEN'S BUFFALO WHOLESALE FLOWER MARKET**

Mailing Address 441 ELLICOTT ST.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

City  
BUFFALOState  
NYZip Code  
14203-1519

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

233.81

Transaction ID : B98B738EE0F6646109B5

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 09  |   | 2023    |

City  
WALTHAMState  
MAZip Code  
02451-7333

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1026.00

Transaction ID : B2D0F87F2FED54BCB9EB

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. LANGWORTHY, NICK, , ,**

Mailing Address PO BOX 120

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
CLARENCEState  
NYZip Code  
14031-0120

FEC Identification Number

C

Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1824.43

Transaction ID : BBA30F66B2FCA4C9F9C8

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

1824.43

**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 116 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
WALTHAMState  
MAZip Code  
02451-7333

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

302.40

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : BB6A750E4912C4367B3D

State:

District:

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
WALTHAMState  
MAZip Code  
02451-7333

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

302.40

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : BC0F0E3665240451B958

State:

District:

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDORCategory/  
Type

Amount of Each Disbursement this Period

121.17

Office Sought:

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

Disbursement For: 2024

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

Transaction ID : B41785C59AD5846A0BC6

State:

District:

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

0.00

**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 117 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FOUR POINTS BY SHERATON**

Mailing Address 1325 MIRACLE STRIP PKWY SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
FORT WALTON BEACHState  
FLZip Code  
32548-6204

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

259.92

Transaction ID : B4A4F6A2F296544F0B86

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. RESIDENCE INN**

Mailing Address 333 E ST SW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20024-3221

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

296.57

Transaction ID : BCCAF627D5142422C846

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

43.00

Transaction ID : B5D23B5730D514620849

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

0.00

**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 118 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2023    |

City  
WALTHAMState  
MAZip Code  
02451-7333

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDOR

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

253.80

Transaction ID : B424AFAB89E1E4DDC910

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. LANGWORTHY, NICK, , ,**

Mailing Address PO BOX 120

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 13  |   | 2023    |

City  
CLARENCEState  
NYZip Code  
14031-0120

FEC Identification Number

C

Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

299.15

Transaction ID : BB63E96FCFCE04859832

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. RESIDENCE INN**

Mailing Address 333 E ST SW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 12  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20024-3221

FEC Identification Number

C

Purpose of Disbursement  
SUB-VENDORCategory/  
Type

Amount of Each Disbursement this Period

299.15

Transaction ID : BB80E09178FA54948B79

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

299.15

**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 119 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. NORPAC**

Mailing Address PO BOX 1543

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

City  
ENGLEWOOD CLIFFSState  
NJZip Code  
07632-0543

FEC Identification Number

C C00247403

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

408.73

Transaction ID : B461405CA1DFF45F4BFE

☐ Memo ItemCandidate Name  
NORPACCategory/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. NORRIS FOR ASSEMBLY**

Mailing Address 7210 WOODHAVEN DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 10  |   | 2023    |

City  
LOCKPORTState  
NYZip Code  
14094-6243

FEC Identification Number

C

Purpose of Disbursement  
POLITICAL CONTRIBUTION

001

Amount of Each Disbursement this Period

500.00

Transaction ID : B797D49A275F14917817

☐ Memo Item

Candidate Name

NORRIS FOR ASSEMBLY

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. NY STATE FEDERATION OF REPUBLICAN WOMEN**

Mailing Address 25 BURBANK DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
ORCHARD PARKState  
NYZip Code  
14127-2369

FEC Identification Number

C

Purpose of Disbursement  
ADVERTISING

001

Amount of Each Disbursement this Period

300.00

Transaction ID : B17E7D12F3BDE44A9B0A

☐ Memo Item

Candidate Name

NY STATE FEDERATION OF REPUBLICAN WOMEN

Category/  
Type

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

1208.73

**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 120 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. NYS REPUBLICAN ASSEMBLY CAMPAIGN COMMITTEE**

Mailing Address 315 STATE ST

Date of Disbursement

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

City  
ALBANYState  
NYZip Code  
12210-2001

FEC Identification Number

C C00153007

Purpose of Disbursement  
SPONSORSHIP/REGISTRATION

001

Candidate Name  
NYS REPUBLICAN ASSEMBLY CAMPAIGN COMMITTEECategory/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : B10FA364983784BB78EA

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. OPN SESAME LLC**

Mailing Address 850 NW FEDERAL HWY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 8 |   | 2 | 0 | 2 | 3 |

City  
STUARTState  
FLZip Code  
34994-1019

FEC Identification Number

C

Purpose of Disbursement  
TEXT MESSAGING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

4673.52

Transaction ID : B37F9BB649FA946508EE

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. ORCHARD PARK REPUBLICAN COMMITTEE**Mailing Address PO BOX 3  
ATTN: HAL FABINSKI

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 0 |   | 2 | 0 | 2 | 3 |

City  
ORCHARD PARKState  
NYZip Code  
14127-0003

FEC Identification Number

C

Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name  
ORCHARD PARK REPUBLICAN COMMITTEECategory/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : B1C11329218A74356AF8

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

5423.52

**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 121 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROUD, JESSICA, , ,

Mailing Address 407 GUETHLER'S WAY

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 04  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1224.40

Transaction ID : B455EA688F6CF4ACBB2E

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

B. HOTELS.COM

Mailing Address 5400 LYNDON B JOHNSON FWY  
STE 500

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2023    |

City  
DALLASState  
TXZip Code  
75240-1019

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

349.80

Transaction ID : B5ACDF98D83764E0B977

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2023    |

City  
FORT WORTHState  
TXZip Code  
76155-1801

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

471.20

Transaction ID : B96F9C5A234BB44FE80C

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

1224.40

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 122 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2023    |

City  
SAN FRANCISCOState  
CAZip Code  
94103-1331

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

75.90

Transaction ID : B636F7DDF1081436AB5D

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. SUNDEVICH SANDWICH SHOP**

Mailing Address 1314 9TH ST NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 21  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20001-4297

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

377.50

Transaction ID : B16446B9B86144942AF0

☒ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. RPM ITALIAN**

Mailing Address 650 K ST NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 28  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20001-1341

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

201.08

Transaction ID : B9EF9B8FCEFA14B70B05

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

201.08

**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 123 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. SALVATORE'S EVENTS & CATERING**

Mailing Address 6461 TRANSIT RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 04  |   | 2023    |

City  
DEPEWState  
NYZip Code  
14043-1032

FEC Identification Number

C

Purpose of Disbursement  
CATERING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

4119.70

Transaction ID : B2965D29FF11D4B24828

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. SONOMA RESTAURANT AND WINE BAR**

Mailing Address 223 PENNSYLVANIA AVE SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 09  |   | 2023    |

City  
WASHINGTONState  
DCZip Code  
20003-1107

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

218.30

Transaction ID : B7CE0CFD9017B4CC2B20

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 18  |   | 2023    |

City  
TOPEKAState  
KSZip Code  
66609-1481

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5035.11

Transaction ID : BF5994D333CB948B2ADD

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

9373.11

**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 124 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
TOPEKAState  
KSZip Code  
66609-1481

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6294.72

Transaction ID : BCB8E929279BB4024B8A

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING**

Mailing Address 4000 SE ADAMS ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
TOPEKAState  
KSZip Code  
66609-1481

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

438.39

Transaction ID : B602FF67A183B46A5B34

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. STEVE BROWN DIRECT MARKETING, LLC**

Mailing Address 3864 W MILLERS BRIDGE RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2023    |

City  
TALLAHASSEEState  
FLZip Code  
32312-1051

FEC Identification Number

C

Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1542.30

Transaction ID : BE19EAD987BC3445DAB0

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

8275.41

**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 125 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. TOWN OF CLARENCE GOP**

Mailing Address PO BOX 207

Date of Disbursement

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

City  
CLARENCE CENTERState  
NYZip Code  
14032-0207

FEC Identification Number

C

Purpose of Disbursement  
REGISTRATION FEE

001

Candidate Name

TOWN OF CLARENCE GOP

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : B1C03C38813894CC5BE1

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 LENFANT PLZ SW

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 6 |   | 2 | 0 | 2 | 3 |

City  
WASHINGTONState  
DCZip Code  
20260-0004

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

4.15

Transaction ID : B40093470A9A24283979

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 LENFANT PLZ SW

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 8 |   | 2 | 0 | 2 | 3 |

City  
WASHINGTONState  
DCZip Code  
20260-0004

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

274.00

Transaction ID : B5005D0EC33734CB3827

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

528.15

**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 126 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 LENFANT PLZ SW

City  
WASHINGTONState  
DCZip Code  
20260-0004Purpose of Disbursement  
POSTAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 1 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

472.50

Transaction ID : B562354FFCCEC4BDCA12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WEST SENECA REPUBLICAN COMMITTEE**Mailing Address 543 UNION RD  
ATTN: PATTI STEPHENSCity  
WEST SENECAState  
NYZip Code  
14224-4021Purpose of Disbursement  
EVENT TICKETS

001

Candidate Name

WEST SENECA REPUBLICAN COMMITTEE

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 5 |   | 1 | 0 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : BA909C683481942108E6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILAND INC.**

Mailing Address PO BOX 736849

City  
DALLASState  
TXZip Code  
75373-6849Purpose of Disbursement  
LIST RENTAL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2024

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" 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 | 6 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : BCA07EFCF6171462DB71

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

1472.50

**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 127 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 28  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 9.85 |
|------|

Transaction ID : B87C5B3714A8F48D3A01

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 20  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 3.90 |
|------|

Transaction ID : B94398E9D6F96477B970

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 42.56 |
|-------|

Transaction ID : BE77134BC852B47F5946

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

|       |
|-------|
| 56.31 |
|-------|

**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 128 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 26  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|      |
|------|
| 9.85 |
|------|

Transaction ID : BA7157DDA333C4D8797A

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 27  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 13.75 |
|-------|

Transaction ID : B383E9182EC7A4281A36

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 29  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

|   |           |
|---|-----------|
| C | C00694323 |
|---|-----------|

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

|        |
|--------|
| 170.52 |
|--------|

Transaction ID : BD8F80B85D14444BC922

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

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

194.12

**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 129 OF 137

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

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2023    |

City  
ARLINGTONState  
VAZip Code  
22219-1891

FEC Identification Number

C C00694323

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

001

Category/  
Type

Amount of Each Disbursement this Period

30.35

Transaction ID : B741DC5F738F24A07AA7

☐ Memo Item

Office Sought:

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

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ 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.**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ 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).....▶

30.35

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

69747.24

**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 130 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. BRANDON FOR CONGRESS NY22**

Mailing Address PO BOX 3580

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
SYRACUSEState  
NYZip Code  
13220-3580

FEC Identification Number

**C** C00806307Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

WILLIAMS, BRANDON, MCDONALD, ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : BA220091270DF4EAABB9

☐ Memo Item

State: NY

District: 22

Full Name (Last, First, Middle Initial)

**B. BRIAN FITZPATRICK FOR ALL OF US**

Mailing Address PO BOX 939

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
LANGHORNEState  
PAZip Code  
19047-0939

FEC Identification Number

**C** C00607416Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

FITZPATRICK, BRIAN, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B808524641A5D442AA3B

☐ Memo Item

State: PA

District: 01

Full Name (Last, First, Middle Initial)

**C. CISCOMANI FOR CONGRESS**

Mailing Address PO BOX 35103

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
TUCSONState  
AZZip Code  
85740-5103

FEC Identification Number

**C** C00786194Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

CISCOMANI, JUAN, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B41AC2808972A423FBCE

☐ Memo Item

State: AZ

District: 06

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

3000.00

**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 131 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DESPOSITO FOR NEW YORK**

Mailing Address PO BOX 188

Date of Disbursement

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

City  
ISLAND PARKState  
NYZip Code  
11558-0188

FEC Identification Number

**C** C00809426Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

DESPOSITO, ANTHONY, P., ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : BC8A56E70AE574CFAA85

☐ Memo Item

State: NY

District: 04

Full Name (Last, First, Middle Initial)

**B. DON BACON FOR CONGRESS**

Mailing Address PO BOX 391368

Date of Disbursement

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

City  
OMAHAState  
NEZip Code  
68139-1368

FEC Identification Number

**C** C00575167Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

BACON, DONALD, J, ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B205D6A8A0EDC4776BB4

☐ Memo Item

State: NE

District: 02

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVID SCHWEIKERT**Mailing Address 8175 E EVANS RD  
UNIT 13176

Date of Disbursement

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

City  
SCOTTSDALEState  
AZZip Code  
85267-4907

FEC Identification Number

**C** C00540617Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

SCHWEIKERT, DAVID, S., ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B6210B5E6D1DF4D3CBA4

☐ Memo Item

State: AZ

District: 01

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

3000.00

**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 132 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. IOWANS FOR ZACH NUNN**

Mailing Address PO BOX 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
BONDURANTState  
IAZip Code  
50035-0011

FEC Identification Number

|   |           |
|---|-----------|
| C | C00784389 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

NUNN, ZACH, , ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B96DB2E088FEE48798E3

☐ Memo Item

State: IA

District: 03

Full Name (Last, First, Middle Initial)

**B. JOHN DUARTE FOR CONGRESS**

Mailing Address 9460 TEGNER RD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
HILMARState  
CAZip Code  
95324-9320

FEC Identification Number

|   |           |
|---|-----------|
| C | C00808279 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

DUARTE, JOHN, , ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B7D5DDBA47A0E4D8F921

☐ Memo Item

State: CA

District: 13

Full Name (Last, First, Middle Initial)

**C. JOHN JAMES FOR CONGRESS, INC.**

Mailing Address PO BOX 628

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
SAINT CLAIR SHORESState  
MIZip Code  
48080-0628

FEC Identification Number

|   |           |
|---|-----------|
| C | C00803502 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

JAMES, JOHN, , ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B2030D6252F8A4B04B7F

☐ Memo Item

State: MI

District: 10

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

|         |
|---------|
| 3000.00 |
|---------|

**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 133 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. KEAN FOR CONGRESS INC**

Mailing Address PO BOX 999

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
EDISONState  
NJZip Code  
08818-0999

FEC Identification Number

**C** C00703058Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

KEAN, THOMAS H., JR., ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B1C9F78EAE532428DAC7

☐ Memo Item

State: NJ

District: 07

Full Name (Last, First, Middle Initial)

**B. KEN CALVERT FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 2438

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
CORONAState  
CAZip Code  
92878-2438

FEC Identification Number

**C** C00257337Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

CALVERT, KEN, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B83EF48325A9945ACB8F

☐ Memo Item

State: CA

District: 41

Full Name (Last, First, Middle Initial)

**C. KIGGANS FOR CONGRESS**

Mailing Address PO BOX 5042

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
VIRGINIA BEACHState  
VAZip Code  
23471-0042

FEC Identification Number

**C** C00776120Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

KIGGANS, JENNIFER, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : BDE1B87EFE2B44F83941

☐ Memo Item

State: VA

District: 02

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

3000.00

**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 134 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. LALOTA FOR CONGRESS**

Mailing Address PO BOX 5744

Date of Disbursement

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

City  
HAUPPAUGEState  
NYZip Code  
11788-0155

FEC Identification Number

**C** C00806018Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

LALOTA, NICK, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B75CF158EBBA449F3B94

☐ Memo Item

State: NY

District: 01

Full Name (Last, First, Middle Initial)

**B. LAWLER FOR CONGRESS**

Mailing Address PO BOX 87

Date of Disbursement

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

City  
SOUTH SALEMState  
NYZip Code  
10590-0087

FEC Identification Number

**C** C00815415Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

LAWLER, MICHAEL, VINCENT, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B68FBA45E4FF840BFAE1

☐ Memo Item

State: NY

District: 17

Full Name (Last, First, Middle Initial)

**C. LORI CHAVEZ-DEREMER FOR CONGRESS**Mailing Address 13203 SE 172ND AVE  
STE 166

Date of Disbursement

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

City  
HAPPY VALLEYState  
ORZip Code  
97086-8738

FEC Identification Number

**C** C00784520Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

CHAVEZ-DEREMER, LORI, , ,

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B27B50859B8CC473C9E2

☐ Memo Item

State: OR

District: 05

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

3000.00

**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 135 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MARC FOR US INC.**

Mailing Address PO BOX 5158

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
POUGHKEEPSIEState  
NYZip Code  
12602-5158

FEC Identification Number

|   |           |
|---|-----------|
| C | C00789586 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

MOLINARO, MARCUS, J., ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : BA7BC1CA7576342309D1

☐ Memo Item

State: NY

District: 19

Full Name (Last, First, Middle Initial)

**B. MICHELLE STEEL FOR CONGRESS**Mailing Address 9070 IRVINE CENTER DR  
STE 150

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
IRVINEState  
CAZip Code  
92618-4691

FEC Identification Number

|   |           |
|---|-----------|
| C | C00704981 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

STEEL, MICHELLE, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B099A8A9F1CC74722BF4

☐ Memo Item

State: CA

District: 45

Full Name (Last, First, Middle Initial)

**C. MIKE GARCIA FOR CONGRESS**Mailing Address 9070 IRVINE CENTER DR  
STE 150

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
IRVINEState  
CAZip Code  
92618-4691

FEC Identification Number

|   |           |
|---|-----------|
| C | C00701102 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

GARCIA, MICHAEL, , ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B2DAA0F62A58E4608BD3

☐ Memo Item

State: CA

District: 27

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

3000.00

**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 136 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MONICA FOR CONGRESS**Mailing Address 1317 W FRONTAGE RD  
STE ACity  
ALAMOState  
TXZip Code  
78516-2389Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

DE LA CRUZ, MONICA, ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 15

Date of Disbursement

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

FEC Identification Number

C C00765719

Amount of Each Disbursement this Period

1000.00

Transaction ID : BBDFE9C7E55F54C45A1A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SALAZAR FOR CONGRESS**Mailing Address 3725 W FLAGLER ST  
# 281City  
CORAL GABLESState  
FLZip Code  
33134-1601Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

SALAZAR, MARIA, ELVIRA, ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 27

Date of Disbursement

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

FEC Identification Number

C C00714261

Amount of Each Disbursement this Period

1000.00

Transaction ID : B999E6ADD6BDA403D805

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VALADAO FOR CONGRESS**Mailing Address 5132 N PALM AVE  
# 227City  
FRESNOState  
CAZip Code  
93704-2236Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

VALADAO, DAVID, ,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

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

FEC Identification Number

C C00499392

Amount of Each Disbursement this Period

1000.00

Transaction ID : B6FF092740A04472CA66

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

3000.00

**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 137 OF 137

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. VAN ORDEN FOR CONGRESS**

Mailing Address PO BOX 565

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
PRAIRIE DU CHIENState  
WIZip Code  
53821-0565

FEC Identification Number

|   |           |
|---|-----------|
| C | C00742007 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

VAN ORDEN, DERRICK F., MR., ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B9BA5F2C14A2849EAB9C

☐ Memo Item

State: WI

District: 03

Full Name (Last, First, Middle Initial)

**B. YOUNG KIM FOR CONGRESS**

Mailing Address PO BOX 2186

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
FULLERTONState  
CAZip Code  
92837-0186

FEC Identification Number

|   |           |
|---|-----------|
| C | C00665638 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

KIM, YOUNG, , ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : BFF721C696BBD4B12BC9

☐ Memo Item

State: CA

District: 40

Full Name (Last, First, Middle Initial)

**C. ZINKE FOR CONGRESS**Mailing Address 704C 13TH ST E  
STE 260

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 23  |   | 2023    |

City  
WHITEFISHState  
MTZip Code  
59937-2981

FEC Identification Number

|   |           |
|---|-----------|
| C | C00778159 |
|---|-----------|

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

ZINKE, RYAN, K, ,

Category/  
Type

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : B2F90D7E8813C470096B

☐ Memo Item

State: MT

District: 01

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

3000.00

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

24000.00