

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

E-PAC

ADDRESS (number and street) PO BOX 500

Check if different than previously reported. (ACC) GLEN FALLS NY 12801

2. **FEC IDENTIFICATION NUMBER ▼** C C00570945 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on M M / D D / Y Y Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2024 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2024

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

Type or Print Name of Treasurer HOBBS, CABELL, , ,

Signature of Treasurer HOBBS, CABELL, , , Date M M / D D / Y Y Y Y Y Y 04 / 17 / 2024

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

E-PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		115542.91
(b) Cash on Hand at Beginning of Reporting Period.....	122037.43	
(c) Total Receipts (from Line 19)	98274.93	325108.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	220312.36	440650.99
7. Total Disbursements (from Line 31).....	164039.69	384378.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56272.67	56272.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

E-PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8423.62	22003.37
(ii) Unitemized	7590.76	16414.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16014.38	38417.41
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	25500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	26014.38	63917.41
12. Transfers From Affiliated/Other Party Committees.....	72260.55	261190.67
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	98274.93	325108.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	98274.93	325108.08

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	24539.69	72878.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24539.69	72878.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	139500.00	311500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	164039.69	384378.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	164039.69	384378.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26014.38	63917.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26014.38	63917.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24539.69	72878.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24539.69	72878.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. JOHNS, SUSAN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5604 DOLIVER DR.
 City HOUSTON State TX Zip Code 77056-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2024
Transaction ID : SA11A.1105950
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 28111.33

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11C.1124098
 Amount of Each Receipt this Period 2847.94
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124254
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124275
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124276
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124277
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BASSWOOD CIRCLE NE
 City SANDY SPRINGS State GA Zip Code 30328-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124155
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BASSWOOD CIRCLE NE
 City SANDY SPRINGS State GA Zip Code 30328-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124248
 Amount of Each Receipt this Period 21.25
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124156
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	26.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 273
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MEREDITH, RANDY, , ,

Mailing Address **266 BULLFINCH ROAD**

City MOORESVILLE	State NC	Zip Code 28117-5407
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.75

Date of Receipt
03 / 05 / 2024

Transaction ID : SA11A.1124157

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MEREDITH, RANDY, , ,

Mailing Address **266 BULLFINCH ROAD**

City MOORESVILLE	State NC	Zip Code 28117-5407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.75

Date of Receipt
03 / 05 / 2024

Transaction ID : SA11A.1124158

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MEREDITH, RANDY, , ,

Mailing Address **266 BULLFINCH ROAD**

City MOORESVILLE	State NC	Zip Code 28117-5407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
212.75

Date of Receipt
03 / 05 / 2024

Transaction ID : SA11A.1124159

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA11A.1124190		
Mailing Address 266 BULLFINCH ROAD			Amount of Each Receipt this Period 5.00		
City MOORESVILLE	State NC	Zip Code 28117-5407	Memo Item <input type="checkbox"/> CONTRIBUTION		
FEC ID number of contributing federal political committee. C			EARMARKED FROM WINRED		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.75			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA11A.1124240		
Mailing Address 266 BULLFINCH ROAD			Amount of Each Receipt this Period 20.00		
City MOORESVILLE	State NC	Zip Code 28117-5407	Memo Item <input type="checkbox"/> CONTRIBUTION		
FEC ID number of contributing federal political committee. C			EARMARKED FROM WINRED		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.75			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA11A.1124266		
Mailing Address 266 BULLFINCH ROAD			Amount of Each Receipt this Period 29.75		
City MOORESVILLE	State NC	Zip Code 28117-5407	Memo Item <input type="checkbox"/> CONTRIBUTION		
FEC ID number of contributing federal political committee. C			EARMARKED FROM WINRED		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 212.75			

SUBTOTAL of Receipts This Page (optional).....▶	54.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. SMITH, RONALD, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 898
 City BANNER ELK State NC Zip Code 28604-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124274
 Amount of Each Receipt this Period 63.75
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SMITH, RONALD, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 898
 City BANNER ELK State NC Zip Code 28604-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124280
 Amount of Each Receipt this Period 127.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WEAVER, TRUMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 15TH TRAIL
 City COTOPAXI State CO Zip Code 81223-8672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124239
 Amount of Each Receipt this Period 19.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	210.25
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. WEAVER, TRUMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 363 15TH TRAIL
 City COTOPAXI State CO Zip Code 81223-8672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124279
 Amount of Each Receipt this Period 114.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124233
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 05 / 2024
Transaction ID : SA11A.1124234
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	144.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA11A.1124235
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA11A.1124236
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA11A.1124237
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA11A.1124238
 Amount of Each Receipt this Period 15.62
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WOLDING, DON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX3
 City NELSONVILLE State WI Zip Code 54458-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA11A.1124281
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. OCH, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 OCEAN DRIVE
 City MIAMI BEACH State FL Zip Code 33139-7254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WILLOUGHBY CAPITAL HOLDINGS Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137577
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5515.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 28111.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11C.1137332
 Amount of Each Receipt this Period
 2184.04
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137500
 Amount of Each Receipt this Period
 10.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137501
 Amount of Each Receipt this Period
 10.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137505
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BASSWOOD CIRCLE NE
 City SANDY SPRINGS State GA Zip Code 30328-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137397
 Amount of Each Receipt this Period 2.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BASSWOOD CIRCLE NE
 City SANDY SPRINGS State GA Zip Code 30328-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137418
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 14.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LYLE, CARY, , ,

Mailing Address 47 BASSWOOD CIRCLE NE

City SANDY SPRINGS	State GA	Zip Code 30328-4549
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137498

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LYLE, CARY, , ,

Mailing Address 47 BASSWOOD CIRCLE NE

City SANDY SPRINGS	State GA	Zip Code 30328-4549
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137499

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LYLE, CARY, , ,

Mailing Address 47 BASSWOOD CIRCLE NE

City SANDY SPRINGS	State GA	Zip Code 30328-4549
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137541

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt
 03 / 12 / 2024
Transaction ID : SA11A.1137399
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt
 03 / 12 / 2024
Transaction ID : SA11A.1137400
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt
 03 / 12 / 2024
Transaction ID : SA11A.1137401
 Amount of Each Receipt this Period 2.50
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	7.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137402

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137404

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City MOORESVILLE	State NC	Zip Code 28117-5407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
212.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA11A.1137405

Amount of Each Receipt this Period
2.50

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	7.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137406
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 2.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137407
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 2.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137427
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 4.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 212.75		

SUBTOTAL of Receipts This Page (optional).....▶	9.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
E-PAC

A. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137428
 Amount of Each Receipt this Period 4.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137473
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137476
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	24.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137521
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137522
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MEREDITH, RANDY, , ,			Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 266 BULLFINCH ROAD			Transaction ID : SA11A.1137526
City MOORESVILLE	State NC	Zip Code 28117-5407	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 212.75		

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. MEREDITH, RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 BULLFINCH ROAD
 City MOORESVILLE State NC Zip Code 28117-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.75

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137527
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137508
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 12 / 2024
Transaction ID : SA11A.1137509
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137510
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137511
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA11A.1137520
 Amount of Each Receipt this Period 21.25
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.25
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 9891**
 City **ARLINGTON** State **VA** Zip Code **22219-1891**
 FEC ID number of contributing federal political committee. **C C00694323**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **28111.33**

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA11C.1149847
 Amount of Each Receipt this Period **1956.40**
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **47 BASSWOOD CIRCLE NE**
 City **SANDY SPRINGS** State **GA** Zip Code **30328-4549**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
RETIRED **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.75**

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA11A.1149917
 Amount of Each Receipt this Period **2.50**
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **47 BASSWOOD CIRCLE NE**
 City **SANDY SPRINGS** State **GA** Zip Code **30328-4549**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
RETIRED **RETIRED**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **325.75**

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA11A.1150043
 Amount of Each Receipt this Period **50.00**
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	52.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
E-PAC

A. LYLE, CARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 BASSWOOD CIRCLE NE
 City SANDY SPRINGS State GA Zip Code 30328-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.75

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150044
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. RICE, LLOYD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4422 INDIANA AVE
 City LA CANADA FLINTRID State CA Zip Code 91011-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150048
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SMITH, RONALD, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 898
 City BANNER ELK State NC Zip Code 28604-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150046
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 273
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNMERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150006
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNMERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150007
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNMERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150008
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 273		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150010
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150011
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150012
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
E-PAC

A. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150013
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150014
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNEERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.87

Date of Receipt 03 / 19 / 2024
Transaction ID : SA11A.1150015
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 273
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
28111.33

Date of Receipt
03 / 26 / 2024
Transaction ID : SA11C.1164116

Amount of Each Receipt this Period
1459.73

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. LEWIS, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **10100 EMPYREAN WAY
APT 204**

City LOS ANGELES	State CA	Zip Code 90067-3815
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
EDWARD G. LEWIS, A PROFESSION CORPORAT **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.74

Date of Receipt
03 / 26 / 2024
Transaction ID : SA11A.1164209

Amount of Each Receipt this Period
4.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LEWIS, EDWARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **10100 EMPYREAN WAY
APT 204**

City LOS ANGELES	State CA	Zip Code 90067-3815
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
EDWARD G. LEWIS, A PROFESSION CORPORAT **PRESIDENT**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.74

Date of Receipt
03 / 26 / 2024
Transaction ID : SA11A.1164278

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	29.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 273
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

A. LEWIS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10100 EMPYREAN WAY
 APT 204
 City LOS ANGELES State CA Zip Code 90067-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA11A.1164279
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. SMITH, RONALD, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 898
 City BANNER ELK State NC Zip Code 28604-0898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA11A.1164288
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WIPPERMAN, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54-2200 KYNNERSLEY RD
 City KAPAAU State HI Zip Code 96755-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA11A.1164268
 Amount of Each Receipt this Period
 15.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 28111.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11C.1183452
 Amount of Each Receipt this Period
 2062.77
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11A.1183473
 Amount of Each Receipt this Period
 1.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11A.1183476
 Amount of Each Receipt this Period
 1.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	2.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 273
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOBYAN, ROBERT, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024
Mailing Address 433 SOUTH 7TH STREET		Transaction ID : SA11A.1183555
City MINNEAPOLIS	State MN	Zip Code 55415-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1026.75	EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOBYAN, ROBERT, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024
Mailing Address 433 SOUTH 7TH STREET		Transaction ID : SA11A.1183556
City MINNEAPOLIS	State MN	Zip Code 55415-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1026.75	EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOBYAN, ROBERT, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024
Mailing Address 433 SOUTH 7TH STREET		Transaction ID : SA11A.1183560
City MINNEAPOLIS	State MN	Zip Code 55415-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1026.75	EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address **433 SOUTH 7TH STREET**

City MINNEAPOLIS	State MN	Zip Code 55415-1626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1026.75

Date of Receipt
03 / 31 / 2024

Transaction ID : SA11A.1183561

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address **433 SOUTH 7TH STREET**

City MINNEAPOLIS	State MN	Zip Code 55415-1626
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1026.75

Date of Receipt
03 / 31 / 2024

Transaction ID : SA11A.1183562

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOBYAN, ROBERT, , ,

Mailing Address **433 SOUTH 7TH STREET**

City MINNEAPOLIS	State MN	Zip Code 55415-1626
----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1026.75

Date of Receipt
03 / 31 / 2024

Transaction ID : SA11A.1183565

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 273
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
E-PAC

A. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11A.1183566
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11A.1183602
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. HOBYAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 SOUTH 7TH STREET
 City MINNEAPOLIS State MN Zip Code 55415-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11A.1183632
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 273		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEAVER, TRUMAN, , ,

Mailing Address 363 15TH TRAIL

City COTOPAXI	State CO	Zip Code 81223-8672
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA11A.1183596

Amount of Each Receipt this Period
19.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEAVER, TRUMAN, , ,

Mailing Address 363 15TH TRAIL

City COTOPAXI	State CO	Zip Code 81223-8672
------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA11A.1183634

Amount of Each Receipt this Period
114.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.00
TOTAL This Period (last page this line number only).....	8423.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 7950 JONES BRANCH DR.
STE 400S

City MC LEAN State VA Zip Code 22102-3215

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 18 / 2024
Transaction ID : SA11C.1138420

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AMERICAN OPTOMETRIC ASSOCIATION PAC

Mailing Address 1505 PRINCE ST STE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 18 / 2024
Transaction ID : SA11C.1138421

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NCTA - THE INTERNET AND TELEVISION ASSOCIATION POLITICAL ACT

Mailing Address 25 MASSACHUSETTS AVE NW STE 100

City WASHINGTON State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 28 / 2024
Transaction ID : SA11C.1164923

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. ELISE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 500

City GLENS FALLS	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00630632

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
177588.76

Date of Receipt

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

Transaction ID : SA12.1194138

Amount of Each Receipt this Period
33954.32

Memo Item
TRANSFER

B. BEREN, ADAM, E., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1739 DUCKCROSS COVE

City WICHITA	State KS	Zip Code 67206-3323
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
BEREXCO LLC CEO & PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : SA.1164889.3.EV39

Amount of Each Receipt this Period
5000.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

C. BRODSKY, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 259 CLARKE AVE

City PALM BEACH	State FL	Zip Code 33480-6124
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2024

Transaction ID : SA.1048767.3.EV39

Amount of Each Receipt this Period
300.00

Memo Item
TRANSFER

TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	33954.32
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRYDEN, ELIZABETH, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 W 67TH ST
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 13 / 2024**
Transaction ID : SA.1151136.3.EV39
 Amount of Each Receipt this Period -2000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. BRYDEN, LEWIS, RENTON, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 WEST 67TH STREET
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 30 / 2023**
Transaction ID : SA.988728.3.EV39
 Amount of Each Receipt this Period 3000.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM ELISE VICTORY FUND

C. CASSIDY, GLORIA, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MCLEAN PT
 City WINTER HAVEN State FL Zip Code 33884-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 31 / 2024**
Transaction ID : SA.1037861.3.EV39
 Amount of Each Receipt this Period -5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUNN, WILLIAM, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 564 HEALTH BOULEVARD
 City DAYTONA BEACH State FL Zip Code 32114-1492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 17 / 2024
Transaction ID : SA.1138245.3.EV39
 Amount of Each Receipt this Period 3600.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. GRUSS, AUDREY, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1574 S. OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUSS & CO. LLC Occupation (for Individual) PHILANDTHROPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2024
Transaction ID : SA.1124883.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. GRUSS, MARTIN, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1574 S OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2024
Transaction ID : SA.1124882.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. HAAHEIM, CAROLYN, JEANNETTE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2681 AGATE MEADOWS
 City WHITE CITY State OR Zip Code 97503-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 05 / 2024**
Transaction ID : SA.1038281.3.EV39
 Amount of Each Receipt this Period -357.63
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. MCGRAW, HAROLD, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 745 HOLLOW TREE RIDGE ROAD
 City DARIEN State CT Zip Code 06820-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1150361.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. MCMAHON, JOHN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7101 WISCONSIN AVENUE SUITE 800
 City BETHESDA State MD Zip Code 20814-4827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 14 / 2024**
Transaction ID : SA.1138074.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. OCKO, MATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5826 NEW TERRITORY BOULEVARD
 City SUGAR LAND State TX Zip Code 77479-5948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 06 / 2024**
Transaction ID : SA.1124574.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. SCAMMELL, TOBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 S RAINBOW BLVD
 City LAS VEGAS State NV Zip Code 89118-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OTO ANALYTICS, LLC Occupation (for Individual) TECH FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 01 / 2024**
Transaction ID : SA.1105879.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. SCHUMACHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 CLARENDON AVE
 City PALM BEACH State FL Zip Code 33480-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHUMACHER AUTO Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 11 / 2024**
Transaction ID : SA.1125074.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SMITH, BRAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 714 RUSSELL ST
 City NASHVILLE State TN Zip Code 37206-3711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUSSELL STREET VENTURES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 29 / 2024**
Transaction ID : SA.1165046.3.EV39
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

B. REPUBLICAN JEWISH COALITION PAC - EARMARKS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 F ST NW STE 100
 City WASHINGTON State DC Zip Code 20001-1590
 FEC ID number of contributing federal political committee. **C** C00345132
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1475.00

Date of Receipt **02 / 16 / 2024**
Transaction ID : SA.1164952.3.EV39
 Amount of Each Receipt this Period 250.00
 Memo Item
 TRANSFER
 TRANSFER FROM ELISE VICTORY FUND

C. HOUSE GOP BATTLEGROUND FUND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00837492
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 35049.64

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA12.1194102
 Amount of Each Receipt this Period 27127.43
 Memo Item
 TRANSFER

SUBTOTAL of Receipts This Page (optional).....	27127.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRYDEN, ELIZABETH, , MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 W 67TH ST
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2024
Transaction ID : SA.1105931.31.BG06
 Amount of Each Receipt this Period
 2000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. BRYDEN, LEWIS, RENTON, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 WEST 67TH STREET
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : SA.1105341.31.BG06
 Amount of Each Receipt this Period
 -2550.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. CASSIDY, ALBERT, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 E. CENTRAL AVENUE
 City WINTER HAVEN State FL Zip Code 33880-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CASSIDY HOLDINGS Occupation (for Individual) INVESTMENT REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2024
Transaction ID : SA.1165047.31.BG06
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CASSIDY, GLORIA, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MCLEAN PT
 City WINTER HAVEN State FL Zip Code 33884-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 28 / 2024**
Transaction ID : SA.1165048.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. D'AMBRA, CONSTANCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4290 FILER COVE RD
 City BIG TORCH KEY State FL Zip Code 33042-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 18 / 2024**
Transaction ID : SA.1138440.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. D'AMBRA, THOMAS, E., , PH.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4290 FILER COVE RD
 City BIG TORCH KEY State FL Zip Code 33042-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHARMAPOTHECA Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 18 / 2024**
Transaction ID : SA.1138439.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. HAAHEIM, CAROLYN, JEANNETTE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2681 AGATE MEADOWS
 City WHITE CITY State OR Zip Code 97503-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 06 / 2024**
Transaction ID : SA.1124575.31.BG06
 Amount of Each Receipt this Period 359.63
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. HERMAN, RUSSELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 AVENUE OF TWO RIVERS S
 City RUMSON State NJ Zip Code 07760-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WHITE PINE CAPITAL MANAGEMENT Occupation (for Individual) FINANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 29 / 2024**
Transaction ID : SA.1164958.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

C. TEMPLETON, BILL, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10455 STRAIT LN
 City DALLAS State TX Zip Code 75229-6537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 17 / 2024**
Transaction ID : SA.1138244.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. VALLEE, RODOLPHE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 BRAYS ISLAND DR.
 City SHELTON State SC Zip Code 29941-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POCOTALIGO TIMBER AND MANAGEMENT COMPA Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1164304.31.BG06
 Amount of Each Receipt this Period 5000.00
 Memo Item
 TRANSFER
 TRANSFER FROM HOUSE BATTLEGROUND FUND

B. TEAM ELISE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 500
 City GLENS FALLS State NY Zip Code 12801-0500
 FEC ID number of contributing federal political committee. **C** C00830679
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 23789.36

Date of Receipt 03 / 31 / 2024
Transaction ID : SA12.1194105
 Amount of Each Receipt this Period 11178.80
 Memo Item
 TRANSFER

C. BONIN, JUDY, A., MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 EDGEFIELD LN
 City STAUNTON State VA Zip Code 24401-6287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) HORSE BOARDING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1989.31

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1110064.24.TE09
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	11178.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110094.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110303.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110467.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110470.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110471.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1111440.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1111625.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1128120.24.TE09

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1129073.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129077.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129101.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129229.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129249.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129297.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1130215.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1131053.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1143408.24.TE09

Amount of Each Receipt this Period
4.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1145041.24.TE09

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146269.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146291.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146300.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146382.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146393.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146402.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146488.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146740.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1147614.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1155948.24.TE09

Amount of Each Receipt this Period
 9.90

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157143.24.TE09

Amount of Each Receipt this Period
 12.75

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157581.24.TE09

Amount of Each Receipt this Period
 19.80

Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157634.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157640.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157645.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1157847.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1166671.24.TE09

Amount of Each Receipt this Period
8.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1167461.24.TE09

Amount of Each Receipt this Period
9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1169207.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1169383.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1169397.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1169574.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1169756.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1171664.24.TE09

Amount of Each Receipt this Period
25.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1184772.24.TE09

Amount of Each Receipt this Period
0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1188589.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1188611.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1989.31

Date of Receipt

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

Transaction ID : SA.1189524.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2023

Transaction ID : SA.699078.24.TE09

Amount of Each Receipt this Period
0.20

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1080.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA.707415.24.TE09

Amount of Each Receipt this Period
28.93

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2023
Transaction ID : SA.718229.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2023
Transaction ID : SA.725149.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. BONIN, JUDY, A., MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187 EDGEFIELD LN

City STAUNTON	State VA	Zip Code 24401-6287
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) HORSE BOARDING
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1080.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2023
Transaction ID : SA.733520.24.TE09

Amount of Each Receipt this Period
33.38

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. BRODSKY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 259 CLARKE AVE
 City PALM BEACH State FL Zip Code 33480-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt **02 / 20 / 2024**
Transaction ID : SA.1086443.24.TE09
 Amount of Each Receipt this Period - 700.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1107576.24.TE09
 Amount of Each Receipt this Period 5.21
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1107585.24.TE09
 Amount of Each Receipt this Period 5.21
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1108865.24.TE09
 Amount of Each Receipt this Period 9.90
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1113140.24.TE09
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1113187.24.TE09
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1113712.24.TE09
 Amount of Each Receipt this Period 49.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1113740.24.TE09
 Amount of Each Receipt this Period 49.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1115820.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1116458.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1116543.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1121242.24.TE09
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1121933.24.TE09
 Amount of Each Receipt this Period 4.95
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1127204.24.TE09
 Amount of Each Receipt this Period 5.21
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1127610.24.TE09
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1127811.24.TE09
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128229.24.TE09
 Amount of Each Receipt this Period 9.90
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128849.24.TE09
 Amount of Each Receipt this Period 12.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 12 / 2024

Transaction ID : SA.1129551.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 12 / 2024

Transaction ID : SA.1132452.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 12 / 2024

Transaction ID : SA.1132606.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 12 / 2024

Transaction ID : SA.1132921.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 19 / 2024

Transaction ID : SA.1139746.24.TE09

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 19 / 2024

Transaction ID : SA.1139787.24.TE09

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024 Transaction ID : SA.1143253.24.TE09
Mailing Address 5491 BEECHMONT #506		Amount of Each Receipt this Period 4.95
City CINCINNATI	State OH	Zip Code 45230-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1604.65	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024 Transaction ID : SA.1144344.24.TE09
Mailing Address 5491 BEECHMONT #506		Amount of Each Receipt this Period 5.21
City CINCINNATI	State OH	Zip Code 45230-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1604.65	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CIACCIO, JANE, M., ,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024 Transaction ID : SA.1145046.24.TE09
Mailing Address 5491 BEECHMONT #506		Amount of Each Receipt this Period 9.90
City CINCINNATI	State OH	Zip Code 45230-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1604.65	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145970.24.TE09
 Amount of Each Receipt this Period 13.19
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147934.24.TE09
 Amount of Each Receipt this Period 39.60
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147978.24.TE09
 Amount of Each Receipt this Period 42.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1157034.24.TE09
 Amount of Each Receipt this Period 10.41
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1157038.24.TE09
 Amount of Each Receipt this Period 10.41
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1604.65

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1157039.24.TE09
 Amount of Each Receipt this Period 10.41
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 26 / 2024

Transaction ID : SA.1159959.24.TE09

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 26 / 2024

Transaction ID : SA.1159973.24.TE09

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1604.65

Date of Receipt
03 / 26 / 2024

Transaction ID : SA.1161262.24.TE09

Amount of Each Receipt this Period
0.05

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.1182128.24.TE09
 Amount of Each Receipt this Period
 - 39.95
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.1182167.24.TE09
 Amount of Each Receipt this Period
 - 52.05
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2023
Transaction ID : SA.1182175.24.TE09
 Amount of Each Receipt this Period
 - 39.95
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4410.60

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.1182307.24.TE09

Amount of Each Receipt this Period
- 52.05

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4410.60

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.1182316.24.TE09

Amount of Each Receipt this Period
- 39.95

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CIACCIO, JANE, M., ,

Mailing Address **5491 BEECHMONT #506**

City CINCINNATI	State OH	Zip Code 45230-
---------------------------	--------------------	---------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4410.60

Date of Receipt
12 / 31 / 2023

Transaction ID : SA.1182410.24.TE09

Amount of Each Receipt this Period
- 99.00

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1182411.24.TE09
 Amount of Each Receipt this Period - 85.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1182413.24.TE09
 Amount of Each Receipt this Period - 52.05
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1182418.24.TE09
 Amount of Each Receipt this Period - 49.50
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1182422.24.TE09
 Amount of Each Receipt this Period - 39.95
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. CIACCIO, JANE, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5491 BEECHMONT #506
 City CINCINNATI State OH Zip Code 45230-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4410.60

Date of Receipt 12 / 31 / 2023
Transaction ID : SA.1183949.24.TE09
 Amount of Each Receipt this Period - 39.95
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1107405.24.TE09
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1107406.24.TE09
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1107727.24.TE09
 Amount of Each Receipt this Period 6.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1109684.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1109685.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1109686.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1111023.24.TE09
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1120155.24.TE09
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1127834.24.TE09
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1127843.24.TE09
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1128561.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1128562.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1130034.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1130474.24.TE09
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1132219.24.TE09
 Amount of Each Receipt this Period 0.35
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1132220.24.TE09
 Amount of Each Receipt this Period 0.35
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1135861.24.TE09
 Amount of Each Receipt this Period 3.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140719.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1143996.24.TE09
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA.1143997.24.TE09
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA.1145592.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA.1145593.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145595.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145596.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1146992.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1168403.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1171455.24.TE09
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1187617.24.TE09
 Amount of Each Receipt this Period 9.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.00

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1188845.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. DUERST, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13512 DOERFLER RD SE
 City SILVERTON State OR Zip Code 97381-9212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.82

Date of Receipt **02 / 28 / 2023**
Transaction ID : SA.712243.24.TE09
 Amount of Each Receipt this Period 25.82
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1112783.24.TE09
 Amount of Each Receipt this Period 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1112919.24.TE09
 Amount of Each Receipt this Period 33.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1128603.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1129166.24.TE09
 Amount of Each Receipt this Period 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1130590.24.TE09
 Amount of Each Receipt this Period
 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1130670.24.TE09
 Amount of Each Receipt this Period
 39.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA.1140938.24.TE09
 Amount of Each Receipt this Period
 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA.1147718.24.TE09
 Amount of Each Receipt this Period
 26.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1157531.24.TE09
 Amount of Each Receipt this Period
 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. EICHEL, LAURENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 600
 City WELLINGTON State CO Zip Code 80549-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1159159.24.TE09
 Amount of Each Receipt this Period
 35.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1171667.24.TE09
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 26.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.20	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1171887.24.TE09
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 33.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.20	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EICHEL, LAURENCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1189716.24.TE09
Mailing Address P.O. BOX 600		Amount of Each Receipt this Period 35.00
City WELLINGTON	State CO	Zip Code 80549-0600
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 720.20	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. ELLIOTT, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6621 TALMADGE LN
City DALLAS State TX Zip Code 75230-2310
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 44.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148853.24.TE09
Amount of Each Receipt this Period 44.00
 Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2164 CAMBRIDGE AVENUE
City CARDIFF BY THE SEA State CA Zip Code 92007-1882
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1112852.24.TE09
Amount of Each Receipt this Period 30.00
 Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2164 CAMBRIDGE AVENUE
City CARDIFF BY THE SEA State CA Zip Code 92007-1882
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1131204.24.TE09
Amount of Each Receipt this Period 62.33
 Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131239.24.TE09
 Amount of Each Receipt this Period 85.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131261.24.TE09
 Amount of Each Receipt this Period 85.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131369.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131370.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131371.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131372.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131373.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131374.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131380.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1131381.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1131387.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1131388.24.TE09
 Amount of Each Receipt this Period 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131401.24.TE09
 Amount of Each Receipt this Period 104.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1134066.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1134067.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1134416.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1134421.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1134422.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140861.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140863.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1145377.24.TE09
 Amount of Each Receipt this Period 9.90
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1145580.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1146692.24.TE09
 Amount of Each Receipt this Period 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1147481.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147517.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148427.24.TE09
 Amount of Each Receipt this Period 49.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148627.24.TE09
 Amount of Each Receipt this Period 63.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148817.24.TE09
 Amount of Each Receipt this Period 104.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148845.24.TE09
 Amount of Each Receipt this Period 250.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148846.24.TE09
 Amount of Each Receipt this Period 250.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148848.24.TE09
 Amount of Each Receipt this Period 425.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148849.24.TE09
 Amount of Each Receipt this Period 425.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148850.24.TE09
 Amount of Each Receipt this Period 425.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148857.24.TE09
 Amount of Each Receipt this Period 500.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148863.24.TE09
 Amount of Each Receipt this Period 1000.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1155164.24.TE09
 Amount of Each Receipt this Period 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1159440.24.TE09
 Amount of Each Receipt this Period 38.57
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. FISHER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2164 CAMBRIDGE AVENUE
 City CARDIFF BY THE SEA State CA Zip Code 92007-1882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt **12 / 19 / 2023**
Transaction ID : SA.976436.24.TE09
 Amount of Each Receipt this Period 50.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. HILL, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 E MAIN ST
 City MOORESTOWN State NJ Zip Code 08057-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 06 / 2024**
Transaction ID : SA.1151209.24.TE09
 Amount of Each Receipt this Period 500.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1151210.24.TE09

Amount of Each Receipt this Period 990.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, SHIRLEY, , ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) HILL & COMPANY Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 13 / 2024**

Transaction ID : SA.1151213.24.TE09

Amount of Each Receipt this Period 236.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 06 / 2024**

Transaction ID : SA.1046989.24.TE09

Amount of Each Receipt this Period - 87.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 05 / 2024
Transaction ID : SA.1112877.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 05 / 2024
Transaction ID : SA.1114186.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, VERNON, W., ,

Mailing Address 262 E MAIN ST

City MOORESTOWN State NJ Zip Code 08057-2931

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
03 / 05 / 2024
Transaction ID : SA.1114344.24.TE09

Amount of Each Receipt this Period
7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. LEWIS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10100 EMPYREAN WAY
 APT 204
 City LOS ANGELES State CA Zip Code 90067-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EDWARD G. LEWIS, A PROFESSION CORPORAT Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 202.74

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1114589.24.TE09
 Amount of Each Receipt this Period 99.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 366.10

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1114681.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 366.10

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1114684.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1114686.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1114697.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1114721.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 OF 273
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1114739.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1114749.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1114750.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1114906.24.TE09
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115567.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115629.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115630.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115774.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115789.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115818.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115870.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115871.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115872.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115972.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1115998.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116028.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.85
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116040.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.85
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116041.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.85
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116391.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116420.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116451.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1116482.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1116579.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1116609.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116643.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116746.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116750.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116751.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116769.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1116874.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116966.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116977.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1116981.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 124 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117103.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117109.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117220.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1117238.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1117239.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1117348.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1117386.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1117387.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2024 Transaction ID : SA.1117395.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117400.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117401.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1117818.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1117906.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1117981.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1118388.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1127245.24.TE09
 Amount of Each Receipt this Period 5.94
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131441.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131459.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131469.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131470.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131471.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024 Transaction ID : SA.1131473.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024 Transaction ID : SA.1131474.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024 Transaction ID : SA.1131498.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.01
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 OF 273
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1131510.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1131550.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1131551.24.TE09

Amount of Each Receipt this Period
0.01

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131577.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1131583.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1132473.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132510.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132544.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132578.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 OF 273
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1132616.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1132651.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
366.10

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1132700.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

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

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

0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132721.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132762.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024
Transaction ID : SA.1132875.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133278.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133338.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133357.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133373.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133374.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133375.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133441.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133804.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1133842.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 140 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1138754.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1138888.24.TE09
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1138934.24.TE09
 Amount of Each Receipt this Period 0.10
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139328.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139366.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139367.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 142 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139454.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139455.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139638.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139663.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139784.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139856.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139874.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1139966.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140134.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140176.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140336.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140352.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140353.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140603.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 19 / 2024**
Transaction ID : SA.1140898.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1141140.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1141262.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1141481.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1152191.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1152333.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1160497.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1160644.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1161102.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1161124.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1161127.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1162007.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1162116.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 OF 273
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 26 / 2024
Transaction ID : SA.1162246.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 26 / 2024
Transaction ID : SA.1162373.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 26 / 2024
Transaction ID : SA.1162555.24.TE09

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1162556.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1162688.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1162775.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1162983.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1163062.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1174323.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1174331.24.TE09
 Amount of Each Receipt this Period
 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1176066.24.TE09
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1176120.24.TE09
 Amount of Each Receipt this Period
 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1176212.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1176301.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1176315.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 OF 273
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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A. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 31 / 2024

Transaction ID : SA.1176354.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 31 / 2024

Transaction ID : SA.1176521.24.TE09

Amount of Each Receipt this Period
0.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City CLAWSON State MI Zip Code 48017-1279

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
366.10

Date of Receipt
MM / DD / YYYY
03 / 31 / 2024

Transaction ID : SA.1176617.24.TE09

Amount of Each Receipt this Period
0.99

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1176619.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1176636.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1176654.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1176659.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1176753.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1177082.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1177384.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1177398.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1177406.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177412.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177426.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177428.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177533.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 0.99
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177638.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.10	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MAKOWSKI, BRUCE, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1177909.24.TE09
Mailing Address 1302 N. STEPHEN AVE.		Amount of Each Receipt this Period 1.00
City CLAWSON	State MI	Zip Code 48017-1279
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 366.10	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1184377.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1184378.24.TE09
 Amount of Each Receipt this Period 0.01
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1185341.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1185438.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1185519.24.TE09
 Amount of Each Receipt this Period 0.99
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1185595.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 164 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1185732.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MAKOWSKI, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 N. STEPHEN AVE.
 City CLAWSON State MI Zip Code 48017-1279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.10

Date of Receipt **03 / 31 / 2024**
Transaction ID : SA.1185860.24.TE09
 Amount of Each Receipt this Period 1.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4386.05

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1114641.24.TE09
 Amount of Each Receipt this Period 247.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4386.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2024

Transaction ID : SA.1114657.24.TE09

Amount of Each Receipt this Period
260.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4386.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1131260.24.TE09

Amount of Each Receipt this Period
85.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER	State OH	Zip Code 45334-
------------------------	-------------	--------------------

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

Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4386.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1131341.24.TE09

Amount of Each Receipt this Period
99.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4386.05

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1147628.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4386.05

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1147703.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCBRIDE, HERMAN, , ,

Mailing Address 309 S FORK

City JACKSON CENTER State OH Zip Code 45334-

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

Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 4386.05

Date of Receipt
03 / 31 / 2024
Transaction ID : SA.1168381.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCBRIDE, HERMAN, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1171503.24.TE09
Mailing Address 309 S FORK		Amount of Each Receipt this Period 25.00
City JACKSON CENTER	State OH	Zip Code 45334-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4386.05	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCBRIDE, HERMAN, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1173678.24.TE09
Mailing Address 309 S FORK		Amount of Each Receipt this Period 50.00
City JACKSON CENTER	State OH	Zip Code 45334-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4386.05	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCBRIDE, HERMAN, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2024 Transaction ID : SA.1174053.24.TE09
Mailing Address 309 S FORK		Amount of Each Receipt this Period 99.00
City JACKSON CENTER	State OH	Zip Code 45334-
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item TRANSFER
Name of Employer (for Individual) SHELBY	Occupation (for Individual) OWNER	TRANSFER FROM TEAM ELISE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4386.05	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4386.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1174054.24.TE09
 Amount of Each Receipt this Period
 99.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MCBRIDE, HERMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S FORK
 City JACKSON CENTER State OH Zip Code 45334-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHELBY Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4386.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1174134.24.TE09
 Amount of Each Receipt this Period
 100.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1107183.24.TE09
 Amount of Each Receipt this Period
 5.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1107309.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1110081.24.TE09

Amount of Each Receipt this Period 14.85

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1110127.24.TE09

Amount of Each Receipt this Period 14.85

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 170 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
03 / 05 / 2024
Transaction ID : SA.1110669.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1126889.24.TE09

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1127006.24.TE09

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 171 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA.1128564.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA.1128565.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2024

Transaction ID : SA.1128624.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129028.24.TE09

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129447.24.TE09

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129543.24.TE09

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1155095.24.TE09

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157305.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1011.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157306.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 174 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 26 / 2024**

Transaction ID : SA.1157333.24.TE09

Amount of Each Receipt this Period 15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 31 / 2024**

Transaction ID : SA.1165743.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY State AZ Zip Code 86327-8285

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1011.11

Date of Receipt **03 / 31 / 2024**

Transaction ID : SA.1169185.24.TE09

Amount of Each Receipt this Period 19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1180744.24.TE09

Amount of Each Receipt this Period
4.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1187148.24.TE09

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCANN, WILLIAM, R., , JR.

Mailing Address 12909 E CASTRO ST

City DEWEY	State AZ	Zip Code 86327-8285
---------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1011.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1188487.24.TE09

Amount of Each Receipt this Period
15.62

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 134.97

Date of Receipt **01 / 31 / 2023**
Transaction ID : SA.701367.24.TE09
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 134.97

Date of Receipt **05 / 16 / 2023**
Transaction ID : SA.748624.24.TE09
 Amount of Each Receipt this Period 0.97
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. MCCANN, WILLIAM, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12909 E CASTRO ST
 City DEWEY State AZ Zip Code 86327-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 134.97

Date of Receipt **05 / 16 / 2023**
Transaction ID : SA.748685.24.TE09
 Amount of Each Receipt this Period 99.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1107186.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1107265.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1107524.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1107525.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1107739.24.TE09

Amount of Each Receipt this Period 6.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1109573.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1109771.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1109772.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1109773.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110196.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110197.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110205.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1110206.24.TE09

Amount of Each Receipt this Period 15.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1111067.24.TE09

Amount of Each Receipt this Period 21.25

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1112871.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1112872.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1112873.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1112874.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1112886.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1112887.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 05 / 2024**

Transaction ID : SA.1112888.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1113175.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1113176.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1114196.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 185 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1114197.24.TE09

Amount of Each Receipt this Period 50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1118514.24.TE09

Amount of Each Receipt this Period 1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1126762.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 186 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1126940.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1126943.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1127067.24.TE09

Amount of Each Receipt this Period 5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1127386.24.TE09

Amount of Each Receipt this Period
7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1127389.24.TE09

Amount of Each Receipt this Period
7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES	State FL	Zip Code 32162-2208
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1127390.24.TE09

Amount of Each Receipt this Period
7.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128470.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128471.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128590.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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E-PAC

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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128593.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128665.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1128666.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1128667.24.TE09

Amount of Each Receipt this Period 10.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129274.24.TE09

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129275.24.TE09

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 191 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129276.24.TE09

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1129286.24.TE09

Amount of Each Receipt this Period 20.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130431.24.TE09

Amount of Each Receipt this Period 29.70

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1130432.24.TE09

Amount of Each Receipt this Period
29.70

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1130453.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1130454.24.TE09

Amount of Each Receipt this Period
30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1130489.24.TE09
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1130490.24.TE09
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. MIRABILE, LORRAINE, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1527 PELICAN PATH
 City THE VILLAGES State FL Zip Code 32162-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**
Transaction ID : SA.1130491.24.TE09
 Amount of Each Receipt this Period 30.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 194 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130509.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130510.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130699.24.TE09

Amount of Each Receipt this Period 42.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 195 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130700.24.TE09

Amount of Each Receipt this Period 42.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1130746.24.TE09

Amount of Each Receipt this Period 42.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt **03 / 12 / 2024**

Transaction ID : SA.1131037.24.TE09

Amount of Each Receipt this Period 49.50

Memo Item

TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1145701.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1146222.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2415.50

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1146223.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 197 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147843.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147844.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147845.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 198 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1147846.24.TE09

Amount of Each Receipt this Period 30.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2415.50

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1148016.24.TE09

Amount of Each Receipt this Period 42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MIRABILE, LORRAINE, F., ,

Mailing Address 1527 PELICAN PATH

City THE VILLAGES State FL Zip Code 32162-2208

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3815.79

Date of Receipt 02 / 07 / 2023
Transaction ID : SA.703532.24.TE09

Amount of Each Receipt this Period 0.05

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. MORAN, FRANK, SCOTT, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1090 WATERS EDGE CIR
 City SHREVEPORT State LA Zip Code 71106-7776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8.91

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1190648.24.TE09
 Amount of Each Receipt this Period 8.91
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1110068.24.TE09
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1110232.24.TE09
 Amount of Each Receipt this Period 15.30
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 200 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110345.24.TE09

Amount of Each Receipt this Period
17.21

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110378.24.TE09

Amount of Each Receipt this Period
17.82

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024

Transaction ID : SA.1110670.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 201 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2024

Transaction ID : SA.1110913.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2024

Transaction ID : SA.1110942.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2024

Transaction ID : SA.1110977.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1111018.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1111054.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1111068.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 203 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, M., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1112424.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, M., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1112673.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, M., MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4094.43	

Date of Receipt
MM / DD / YYYY
03 / 05 / 2024
Transaction ID : SA.1112699.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1112744.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1112746.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2024

Transaction ID : SA.1113807.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 205 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1127625.24.TE09
City MERIDIAN	State ID ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.50
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1129036.24.TE09
City MERIDIAN	State ID ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 12 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1129251.24.TE09
City MERIDIAN	State ID ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129279.24.TE09

Amount of Each Receipt this Period
20.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129356.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1129420.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 207 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1129432.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1129503.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 12 / 2024
Transaction ID : SA.1129545.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 208 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1129971.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1129976.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2024

Transaction ID : SA.1130017.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1130108.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1132009.24.TE09

Amount of Each Receipt this Period
0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1142331.24.TE09

Amount of Each Receipt this Period
2.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1145830.24.TE09

Amount of Each Receipt this Period
10.41

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1145933.24.TE09

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1145939.24.TE09

Amount of Each Receipt this Period
12.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 211 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146028.24.TE09

Amount of Each Receipt this Period
12.67

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146098.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146127.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2024

Transaction ID : SA.1146131.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2024

Transaction ID : SA.1146140.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2024

Transaction ID : SA.1146150.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146215.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146232.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146301.24.TE09

Amount of Each Receipt this Period
17.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 214 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146378.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146390.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146535.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 215 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146556.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146558.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1146621.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 216 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1146622.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1146653.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN State ID Zip Code 83642-4742

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
03 / 19 / 2024
Transaction ID : SA.1146721.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 217 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1146786.24.TE09
City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.75
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1146881.24.TE09
City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.75
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PRESLEY, JUANITA, M., MS.,		Date of Receipt MM / DD / YYYY 03 / 19 / 2024
Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246		Transaction ID : SA.1146894.24.TE09
City MERIDIAN	State ID	Zip Code 83642-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.75
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input checked="" type="checkbox"/> Memo Item TRANSFER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4094.43	TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 218 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1146949.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147029.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147104.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 219 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147571.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147589.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147618.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1147708.24.TE09

Amount of Each Receipt this Period
25.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1147908.24.TE09

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2024

Transaction ID : SA.1148562.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1156782.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1156822.24.TE09

Amount of Each Receipt this Period
10.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157269.24.TE09

Amount of Each Receipt this Period
14.85

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 222 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1157270.24.TE09
 Amount of Each Receipt this Period
 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1157562.24.TE09
 Amount of Each Receipt this Period
 19.80
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1157615.24.TE09
 Amount of Each Receipt this Period
 20.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 223 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157781.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157826.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157835.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 224 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1157844.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1158454.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1158472.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 225 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158553.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158559.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158592.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 226 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158628.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158631.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1158632.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 227 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1158689.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1158828.24.TE09
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4094.43

Date of Receipt **03 / 26 / 2024**
Transaction ID : SA.1159079.24.TE09
 Amount of Each Receipt this Period 29.70
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 228 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159127.24.TE09

Amount of Each Receipt this Period
34.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159222.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159223.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159261.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159921.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1159933.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1159942.24.TE09

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024

Transaction ID : SA.1159958.24.TE09

Amount of Each Receipt this Period
52.05

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1165449.24.TE09

Amount of Each Receipt this Period
5.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 231 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1166810.24.TE09

Amount of Each Receipt this Period
9.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1169584.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1169600.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1169777.24.TE09

Amount of Each Receipt this Period
21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1169848.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1170204.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 233 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1170213.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1170218.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1171685.24.TE09

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1171727.24.TE09

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1172067.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1172178.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 235 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1172291.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1172589.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1172663.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 236 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1172802.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1173494.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1173549.24.TE09

Amount of Each Receipt this Period
49.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 237 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1175298.24.TE09

Amount of Each Receipt this Period
0.15

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.117725.24.TE09

Amount of Each Receipt this Period
1.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024

Transaction ID : SA.1181276.24.TE09

Amount of Each Receipt this Period
4.95

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 238 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1184661.24.TE09

Amount of Each Receipt this Period
0.10

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1184757.24.TE09

Amount of Each Receipt this Period
0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1184761.24.TE09

Amount of Each Receipt this Period
0.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 239 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1187799.24.TE09

Amount of Each Receipt this Period

9.90

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1188498.24.TE09

Amount of Each Receipt this Period

15.62

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1188806.24.TE09

Amount of Each Receipt this Period

21.25

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 240 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1189073.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1189270.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PRESLEY, JUANITA, M., MS.,

Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246

City MERIDIAN	State ID	Zip Code 83642-4742
------------------	----------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4094.43

Date of Receipt

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

Transaction ID : SA.1189600.24.TE09

Amount of Each Receipt this Period
26.03

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 241 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1372.67

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.799957.24.TE09
 Amount of Each Receipt this Period 15.20
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. PRESLEY, JUANITA, M., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 E. CLOCKTOWER LANE, APT. 246
 City MERIDIAN State ID Zip Code 83642-4742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1372.67

Date of Receipt 08 / 08 / 2023
Transaction ID : SA.800568.24.TE09
 Amount of Each Receipt this Period 35.00
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. SCHWARZMAN, STEPHEN, A., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 PARK AVE
 City NEW YORK State NY Zip Code 10154-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACKSTONE GROUP Occupation (for Individual) CHAIRMAN, CEO CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 41.25

Date of Receipt 12 / 19 / 2023
Transaction ID : SA.976554.24.TE09
 Amount of Each Receipt this Period 41.25
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 242 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SHEPHERD, VIRGINIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 WOLF RUN ROAD
 City BARTONVILLE State TX Zip Code 76226-8425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1174236.24.TE09
 Amount of Each Receipt this Period 528.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1110156.24.TE09
 Amount of Each Receipt this Period 14.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 05 / 2024
Transaction ID : SA.1111383.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 243 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1111637.24.TE09
 Amount of Each Receipt this Period 24.75
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1112623.24.TE09
 Amount of Each Receipt this Period 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2024
Transaction ID : SA.1112922.24.TE09
 Amount of Each Receipt this Period 34.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 244 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1127709.24.TE09
 Amount of Each Receipt this Period 8.50
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1131999.24.TE09
 Amount of Each Receipt this Period 0.20
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 12 / 2024
Transaction ID : SA.1132525.24.TE09
 Amount of Each Receipt this Period 0.85
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 245 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1139056.24.TE09
 Amount of Each Receipt this Period 0.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145035.24.TE09
 Amount of Each Receipt this Period 9.90
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145478.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 246 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 19 / 2024
Transaction ID : SA.1145589.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1156853.24.TE09
 Amount of Each Receipt this Period 10.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 26 / 2024
Transaction ID : SA.1157107.24.TE09
 Amount of Each Receipt this Period 12.67
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶ 0.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 247 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1157794.24.TE09
 Amount of Each Receipt this Period
 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2024
Transaction ID : SA.1158886.24.TE09
 Amount of Each Receipt this Period
 25.00
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA.1169598.24.TE09
 Amount of Each Receipt this Period
 21.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 248 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.71

Date of Receipt 03 / 31 / 2024
Transaction ID : SA.1180828.24.TE09
 Amount of Each Receipt this Period 4.25
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

B. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.01

Date of Receipt 01 / 31 / 2023
Transaction ID : SA.700450.24.TE09
 Amount of Each Receipt this Period 0.38
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. SOMMERFELD, MARGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4454 CASITAS ST
 City SAN DIEGO State CA Zip Code 92107-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.01

Date of Receipt 12 / 26 / 2023
Transaction ID : SA.983810.24.TE09
 Amount of Each Receipt this Period -0.08
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 249 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SYNNOTT, DONNA, L., MRS.,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA.841849.24.TE09

Amount of Each Receipt this Period
6.71

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SYNNOTT, DONNA, L., MRS.,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA.850018.24.TE09

Amount of Each Receipt this Period
15.00

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SYNNOTT, DONNA, L., MRS.,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
566.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA.850044.24.TE09

Amount of Each Receipt this Period
19.80

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 250 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SYNNOTT, DONNA, L., MRS.,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2023

Transaction ID : SA.850133.24.TE09

Amount of Each Receipt this Period
20.82

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SYNNOTT, DONNA, L., MRS.,

Mailing Address 326 COUNCIL BLUFF PKWY.

City MURFREESBORO	State TN	Zip Code 37127-8317
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA.869056.24.TE09

Amount of Each Receipt this Period
0.17

Memo Item
TRANSFER

2023 AGGREGATE; TRANSFER FROM TEAM ELISE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. VALENTI, PAUL, , ,

Mailing Address 2501 COMMERCE DRIVE

City LIBERTYVILLE	State IL	Zip Code 60048-2495
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CTL	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2024

Transaction ID : SA.1160303.24.TE09

Amount of Each Receipt this Period
3300.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 251 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2024

Transaction ID : SA.1114111.24.TE09

Amount of Each Receipt this Period
24.40

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1130602.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2024

Transaction ID : SA.1132078.24.TE09

Amount of Each Receipt this Period
0.35

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 252 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2024

Transaction ID : SA.1147907.24.TE09

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1159849.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2024

Transaction ID : SA.1159874.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 253 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1170891.24.TE09

Amount of Each Receipt this Period
24.75

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1171892.24.TE09

Amount of Each Receipt this Period
34.65

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1172096.24.TE09

Amount of Each Receipt this Period
42.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 254 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1173581.24.TE09

Amount of Each Receipt this Period
50.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1184898.24.TE09

Amount of Each Receipt this Period
0.50

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.65

Date of Receipt

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

Transaction ID : SA.1190593.24.TE09

Amount of Each Receipt this Period
100.00

Memo Item
TRANSFER
TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 255 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2023

Transaction ID : SA.701315.24.TE09

Amount of Each Receipt this Period

50.00

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2023

Transaction ID : SA.704740.24.TE09

Amount of Each Receipt this Period

50.00

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WENTHE, MARK, , ,

Mailing Address 500 1ST ST E

City ALTOONA	State IA	Zip Code 50009-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
259.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA.707445.24.TE09

Amount of Each Receipt this Period

50.00

Memo Item
TRANSFER
2023 AGGREGATE; TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 256 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. WENTHE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 1ST ST E
 City ALTOONA State IA Zip Code 50009-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.10

Date of Receipt **02 / 14 / 2023**
Transaction ID : SA.707468.24.TE09
 Amount of Each Receipt this Period 9.65
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

B. WENTHE, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 1ST ST E
 City ALTOONA State IA Zip Code 50009-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.10

Date of Receipt **06 / 13 / 2023**
Transaction ID : SA.763551.24.TE09
 Amount of Each Receipt this Period 34.65
 Memo Item
 TRANSFER
 2023 AGGREGATE; TRANSFER FROM TEAM ELISE

C. ZERVOS, JOANNE, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 JEFFREY LN
 City WESTHAMPTON BEACH State NY Zip Code 11978-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4529.30

Date of Receipt **03 / 05 / 2024**
Transaction ID : SA.1112828.24.TE09
 Amount of Each Receipt this Period 26.73
 Memo Item
 TRANSFER
 TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZERVOS, JOANNE, A., ,

Mailing Address **11 JEFFREY LN**

City WESTHAMPTON BEACH	State NY	Zip Code 11978-1443
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4529.30

Date of Receipt
03 / 05 / 2024

Transaction ID : SA.1114656.24.TE09

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZERVOS, JOANNE, A., ,

Mailing Address **11 JEFFREY LN**

City WESTHAMPTON BEACH	State NY	Zip Code 11978-1443
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4529.30

Date of Receipt
03 / 19 / 2024

Transaction ID : SA.1147902.24.TE09

Amount of Each Receipt this Period
35.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZERVOS, JOANNE, A., ,

Mailing Address **11 JEFFREY LN**

City WESTHAMPTON BEACH	State NY	Zip Code 11978-1443
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4529.30

Date of Receipt
03 / 26 / 2024

Transaction ID : SA.1160294.24.TE09

Amount of Each Receipt this Period
500.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 258 OF 273
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
E-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZERVOS, JOANNE, A., ,

Mailing Address **11 JEFFREY LN**

City WESTHAMPTON BEACH	State NY	Zip Code 11978-1443
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4529.30

Date of Receipt
03 / 31 / 2024

Transaction ID : SA.1171737.24.TE09

Amount of Each Receipt this Period
26.73

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ZERVOS, JOANNE, A., ,

Mailing Address **11 JEFFREY LN**

City WESTHAMPTON BEACH	State NY	Zip Code 11978-1443
----------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4529.30

Date of Receipt
03 / 31 / 2024

Transaction ID : SA.1174204.24.TE09

Amount of Each Receipt this Period
250.00

Memo Item
TRANSFER

TRANSFER FROM TEAM ELISE

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	72260.55

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. GRV STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 731 SEATON AVENUE UNIT 309

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB.13

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MRDLAW

Full Name (Last, First, Middle Initial)

Mailing Address 191 UNIVERSITY BOULEVARD SUITE 532

City DENVER State CO Zip Code 80206

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB.12

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. NORTH COUNTRY STRATEGIES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 16 NORTHERN PINES ROAD

City GANSEVOORT State NY Zip Code 12831

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2024

FEC Identification Number: C

Transaction ID : SB.14

Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial) A. NORTH COUNTRY STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 03 / 04 / 2024
Mailing Address 16 NORTHERN PINES ROAD		FEC Identification Number C [] Transaction ID : SB.17
City GANSEVOORT	State NY	Zip Code 12831
Purpose of Disbursement TRAVEL/FOOD/BEVERAGES		Amount of Each Disbursement this Period [] 9585.16
Candidate Name		<input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) B. ASREWAY ADVISING LLC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2024
Mailing Address 1010 HALF STREET SE APT #366		FEC Identification Number C [] Transaction ID : SB.15
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period [] 1500.00
Candidate Name		<input type="checkbox"/> 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:	Category/Type	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 03 / 05 / 2024
Mailing Address 1776 WILSON BLVD #530		FEC Identification Number C [] Transaction ID : SB.4
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Amount of Each Disbursement this Period [] 824.50
Candidate Name		<input type="checkbox"/> 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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 11909.66
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 06 / 2024

FEC Identification Number: C

Transaction ID : SB.9

Amount of Each Disbursement this Period: 37.80

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB.11

Amount of Each Disbursement this Period: 500.00

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 12 / 2024

FEC Identification Number: C

Transaction ID : SB.5

Amount of Each Disbursement this Period: 612.98

Memo Item

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

1150.78

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVENUE 7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 19 / 2024

FEC Identification Number: C

Transaction ID : SB.10

Amount of Each Disbursement this Period: 187.80

Memo Item

B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING/POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 19 / 2024

FEC Identification Number: C

Transaction ID : SB.3

Amount of Each Disbursement this Period: 1576.09

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 19 / 2024

FEC Identification Number: C

Transaction ID : SB.6

Amount of Each Disbursement this Period: 545.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2309.36

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. TRUIST

Mailing Address 2200 WILSON BLVD SUITE 100

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement

BANK FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2024

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

22.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 2200 WILSON BLVD SUITE 100

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement

BANK FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2024

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEW

State
CA

Zip Code
94043

Purpose of Disbursement

SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2024

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

60.00

Memo Item

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

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

97.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

A. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB.7

Amount of Each Disbursement this Period: 446.68

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD #530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB.8

Amount of Each Disbursement this Period: 626.21

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1072.89
TOTAL This Period (last page this line number only).....▶	24539.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. TRUMP SAVE AMERICA JFC

Mailing Address PO BOX 13570

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00770941

Transaction ID : SB.18

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DERRICK ANDERSON FOR VA INC

Mailing Address PO BOX 330

City
FREDERICKSBURG

State
VA

Zip Code
22404

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ANDERSON, DERRICK, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: VA District: 07

Date of Disbursement

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

FEC Identification Number

C C00791574

Transaction ID : SB.20

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GEORGE LOGAN FOR CONGRESS

Mailing Address 26 CATOONAH STREET PO BOX 72

City
RIDGEFIELD

State
CT

Zip Code
06877

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LOGAN, GEORGE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CT District: 06

Date of Disbursement

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

FEC Identification Number

C C00784926

Transaction ID : SB.21

Amount of Each Disbursement this Period

5000.00

Memo Item

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

20000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

A. KEVIN LINCOLN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Date selection grid: 03 / 12 / 2024

Mailing Address 9460 TEGNER ROAD

City HILMER State CA Zip Code 95324

FEC Identification Number

FEC ID Number: C00845826

Purpose of Disbursement CONTRIBUTION

Transaction ID : SB.22

Candidate Name

Amount of Each Disbursement this Period

LINCOLN, KEVIN, , ,

Category/Type

Amount of Each Disbursement this Period: 5000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

[] Memo Item

State: CA District: 09

B. LAURIE BUCKHOUT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Date selection grid: 03 / 12 / 2024

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

FEC Identification Number

FEC ID Number: C00853499

Purpose of Disbursement CONTRIBUTION

Transaction ID : SB.23

Candidate Name

Amount of Each Disbursement this Period

BUCKOUT, LAURIE, , ,

Category/Type

Amount of Each Disbursement this Period: 5000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

[] Memo Item

State: NC District: 01

C. LAURIE BUCKHOUT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Date selection grid: 03 / 12 / 2024

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

FEC Identification Number

FEC ID Number: C00853499

Purpose of Disbursement CONTRIBUTION

Transaction ID : SB.44

Candidate Name

Amount of Each Disbursement this Period

BUCKOUT, LAURIE, , ,

Category/Type

Amount of Each Disbursement this Period: 5000.00

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

DEBT RETIREMENT

[] Memo Item

State: NC District: 01

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

Subtotal amount: 15000.00

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

Total amount field

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
E-PAC

A. NANCY DAHLSTROM FOR ALASKA

Date of Disbursement

Date selection grid showing 03 / 12 / 2024

Mailing Address PO BOX 770729

City EAGLE RIVER State AK Zip Code 99577

FEC Identification Number

FEC ID grid showing C00856716

Transaction ID : SB.24

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement CONTRIBUTION

Candidate Name

DAHLSTROM, NANCY, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: AK District: 00

B. REDDY FOR KANSAS

Date of Disbursement

Date selection grid showing 03 / 12 / 2024

Mailing Address PO BOX 15804

City LENEXA State KS Zip Code 66285

FEC Identification Number

FEC ID grid showing C00845347

Transaction ID : SB.25

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement CONTRIBUTION

Candidate Name

REDDY, PRASANTH, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: KS District: 03

C. ROB FOR PA

Date of Disbursement

Date selection grid showing 03 / 12 / 2024

Mailing Address PO BOX 971

City PITTSTON State PA Zip Code 18640

FEC Identification Number

FEC ID grid showing C00852137

Transaction ID : SB.26

Amount of Each Disbursement this Period

Amount grid showing 5000.00

Memo Item checkbox

Purpose of Disbursement CONTRIBUTION

Candidate Name

BRESNAHAN, ROB, , ,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify)

State: PA District: 08

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

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

Subtotal grid showing 15000.00

Total grid showing 15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. SCOTT BAUGH FOR CONGRESS

Mailing Address 4040 MACARTHUR BLVD SUITE 200

City
NEWPORT

State
CA

Zip Code
92660

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BAUGH, SCOTT, , ,

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2024

FEC Identification Number

C C00798322

Transaction ID : SB.27

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THERIAULT FOR CONGRESS

Mailing Address PO BOX 291

City
FORT KENT

State
ME

Zip Code
04743

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THERIAULT, AUSTIN, , ,

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2024

FEC Identification Number

C C00852061

Transaction ID : SB.28

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TEAM BRIAN JACK

Mailing Address 1090 POWERS PLACE

City
ALPHARETTA

State
GA

Zip Code
30009

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2024

FEC Identification Number

C C00872499

Transaction ID : SB.19

Amount of Each Disbursement this Period

10000.00

Memo Item

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

20000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. COUGHLIN FOR CONGRESS

Mailing Address 9856 ARCHER LANE

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
CONTRIBUTION

Candidate Name
COUGHLIN, KEVIN, , ,

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00853077

Transaction ID : SB.33

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. COUGHLIN FOR CONGRESS

Mailing Address 9856 ARCHER LANE

City
DUBLIN

State
OH

Zip Code
43017

Purpose of Disbursement
CONTRIBUTION

Candidate Name
COUGHLIN, KEVIN, , ,

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00853077

Transaction ID : SB.42

Amount of Each Disbursement this Period

5000.00

DEBT RETIREMENT

Memo Item

Full Name (Last, First, Middle Initial)

C. JUDGE JOE MCGRAW FOR CONGRESS

Mailing Address PO BOX 1451

City
ROCKFOD

State
IL

Zip Code
61105

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCGRAW, JOE, , ,

Office Sought: House
 Senate
 President

State: IL District: 17

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00851246

Transaction ID : SB.29

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. MERCURI FOR CONGRESS

Mailing Address 3000 VILLAGE RUN ROAD STE 103-300

City
WEXFORD

State
PA

Zip Code
15090

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MERCURI, REOBERT, , ,

Office Sought: House
 Senate
 President

State: PA District: 17

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00848150

Transaction ID : SB.30

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MERRIN FOR CONGRESS

Mailing Address PO BOX 75

City
MONCLOVA

State
OH

Zip Code
43542

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MERRIN, DERRICK, , ,

Office Sought: House
 Senate
 President

State: OH District: 09

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00863829

Transaction ID : SB.34

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MERRIN FOR CONGRESS

Mailing Address PO BOX 75

City
MONCLOVA

State
OH

Zip Code
43542

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MERRIN, DERRICK, , ,

Office Sought: House
 Senate
 President

State: OH District: 09

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00863829

Transaction ID : SB.43

Amount of Each Disbursement this Period

5000.00

DEBT RETIREMENT

Memo Item

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

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

E-PAC

Full Name (Last, First, Middle Initial)

A. NIEMEYER FOR CONGRESS

Mailing Address PO BOX 727

City
CEDAR LAKE

State
IN

Zip Code
46303

Purpose of Disbursement
CONTRIBUTION

Candidate Name

NIEMEYER, RANDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2024

FEC Identification Number

C C00851972

Transaction ID : SB.31

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RULLI FOR OHIO

Mailing Address PO BOX 2971

City
YOUNGSTOWN

State
OH

Zip Code
44511

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RULLI, MICHAEL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2024

FEC Identification Number

C C00858415

Transaction ID : SB.32

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TOM BARRETT FOR CONGRESS

Mailing Address PO BOX 15221

City
LANSING

State
MI

Zip Code
48901

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARRETT, TOM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2024

FEC Identification Number

C C00793976

Transaction ID : SB.35

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial)

A. TOM BARRETT FOR CONGRESS

Mailing Address PO BOX 15221

City
LANSING

State
MI

Zip Code
48901

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARRETT, TOM, , ,

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00793976

Transaction ID : SB.38

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GARBARINO FOR CONGRESS

Mailing Address PO BOX 101

City
BAYPORT

State
NY

Zip Code
11705

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GARBARINO, ANDREW, , ,

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	2	4

FEC Identification Number

C C00729954

Transaction ID : SB.39

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTGABEEVANS.COM

Mailing Address PO BOX 350608

City
WESTMINSTRER

State
CO

Zip Code
80035

Purpose of Disbursement
CONTRIBUTION

Candidate Name

EVANS, TIMOTHY, GABRIEL, ,

Office Sought: House
 Senate
 President
State: CO District: 08

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00849844

Transaction ID : SB.36

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
E-PAC

Full Name (Last, First, Middle Initial) A. ELECTGABEEVANS.COM		Date of Disbursement MM / DD / YYYY 03 / 31 / 2024
Mailing Address PO BOX 350608		FEC Identification Number C C00849844 Transaction ID : SB.40
City WESTMINSTRER	State CO	Zip Code 80035
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name EVANS, TIMOTHY, GABRIEL, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" 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: CO	District: 08	

Full Name (Last, First, Middle Initial) B. LAUREL LEE FOR CONGRESS INC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2024
Mailing Address PO BOX 47556		FEC Identification Number C C00815373 Transaction ID : SB.37
City TAMPA	State FL	Zip Code 33646
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name LEE, LAUREL, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 15	

Full Name (Last, First, Middle Initial) C. LAUREL LEE FOR CONGRESS INC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2024
Mailing Address PO BOX 47556		FEC Identification Number C C00815373 Transaction ID : SB.41
City TAMPA	State FL	Zip Code 33646
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 5000.00
Candidate Name LEE, LAUREL, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" 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: FL	District: 15	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	139500.00