

Contribution Detail

[Close Window](#)

| | | | |
|---------------------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------|
| Committee Name ROBERTSON, KATHERINE | Report Schedule Major Contribution Report | Committee ID 31708 | Reporting Period 06/30/2025 - 06/30/2025 |
| Committee Type Principal Campaign Committee | Filing Due 07/02/2025 | Contribution Type Cash (Itemized) | Contribution/Receipt Date 06/30/2025 |
| Amount \$1,000,000.00 | | | Contributor Type: Group/Business/Corporation |
| Amended No | | | |
| Contributor: FIRST PRINCIPLES ACTION, INC | | 3200 W END AVE | |
| NASHVILLE, TN 37203-1322 | | | |
| Description | | | |

Contribution Detail

[Close Window](#)

| | | | |
|---------------------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------------|
| Committee Name ROBERTSON, KATHERINE | Report Schedule Major Contribution Report | Committee ID 31708 | Reporting Period 08/04/2025 - 08/04/2025 |
| Committee Type Principal Campaign Committee | Filing Due 08/06/2025 | Contribution Type Cash (Itemized) | Contribution/Receipt Date 08/04/2025 |
| Amount \$100,000.00 | | | Contributor Type: Group/Business/Corporation |
| Amended No | | | |
| Contributor: FIRST PRINCIPLES ACTION, INC | | 3200 W END AVE | |
| NASHVILLE, TN 37203-1322 | | | |
| Description | | | |

**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

FIRST PRINCIPLES PAC

ADDRESS (number and street)

3200 WEST END AVENUE

SUITE 500

Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00893537

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y 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 M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2025

06

30

2025

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

GLAZE, KAYLA, , ,

Signature of Treasurer

GLAZE, KAYLA, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

31

2025

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FIRST PRINCIPLES PACReport Covering the Period: From: 01 / 01 / 2025 To: 06 / 30 / 2025

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> 2025 | | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2027506.08"/> | <input type="text" value="2027506.08"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="2027506.08"/> | <input type="text" value="2027506.08"/> |
| 7. Total Disbursements (from Line 31) | <input type="text" value="1740146.09"/> | <input type="text" value="1740146.09"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <input type="text" value="287359.99"/> | <input type="text" value="287359.99"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FIRST PRINCIPLES PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2025

To:

M M / D D / Y Y Y Y Y
06 30 2025**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).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

2027506.08

2027506.08

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))

2027506.08

2027506.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2027506.08

2027506.08

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 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)..... | 1740146.09 | 1740146.09 |
| 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)) .. | 1740146.09 | 1740146.09 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1740146.09 | 1740146.09 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

| 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) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 17
(check only one)

| | | | |
|----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input 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 checked="" 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)

FIRST PRINCIPLES PAC

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

A. LEXINGTON FUNDMailing Address 8300 BOONE BOULEVARD
STE 500City
VIENNAState
VAZip Code
22182-2681FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 10 | / | 2025 |

Transaction ID : SA17.295939

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LEXINGTON FUNDMailing Address 8300 BOONE BOULEVARD
STE 500City
VIENNAState
VAZip Code
22182-2681FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 07 | / | 2025 |

Transaction ID : SA17.297057

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BROPHY , CARLEEN, , ,

Mailing Address P.O. BOX 1185

City
JACKSONState
WYZip Code
83001-1185FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 20 | / | 2025 |

Transaction ID : SA17.304018

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON FEDERAL CONTRIBUTION

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 17
(check only one)

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|
| <input 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 checked="" type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

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

A. BROPHY, DANIEL, , ,

Mailing Address PO BOX 1185

City
JACKSONState
WYZip Code
83001-1185FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2025

Transaction ID : SA17.304017

Amount of Each Receipt this Period

12500.00

☐ Memo Item

CONTRIBUTION

NON FEDERAL CONTRIBUTION

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

B. UNIVERSITY OF PHOENIX

Mailing Address 4035 SOUTH RIVERPOINT PARKWAY

City
PHOENIXState
AZZip Code
85040-0723FEC 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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2025

Transaction ID : SA17.304019

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

NON FEDERAL CONTRIBUTION

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

C.

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

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

Amount of Each Receipt this Period

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

15000.00

2027500.00

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

PAGE 8 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

Date of Disbursement

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

City
HAYMARKETState
VAZip Code
20169

FEC Identification Number

C**Transaction ID : SB29.021**

Amount of Each Disbursement this Period

4517.50

☐ Memo Item

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

Date of Disbursement

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

City
MOUNTAIN BROOKState
ALZip Code
35223

FEC Identification Number

C**Transaction ID : SB29.005**

Amount of Each Disbursement this Period

3250.00

☐ Memo Item

Purpose of Disbursement

NON CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. REPUBLICAN STATE LEADERSHIP COMMITTEEMailing Address 1201 F STREET NW
SUITE 675

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 0 | 7 | | | 2 | 0 | 2 | 5 | |

City
WASHINGTONState
DCZip Code
20004

FEC Identification Number

C**Transaction ID : SB29.001000**

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Purpose of Disbursement

NON CONTRIBUTION: NON FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

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

1007767.50

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

PAGE 9 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. FIRST PRINCIPLES ACTIONMailing Address 3200 WEST END AVENUE
SUITE 500City
NASHVILLEState
TNZip Code
37203

Purpose of Disbursement

NON CONTRIBUTION: PAYROLL / PAYROLL EXPENSES / FUNDRAISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.010**

Amount of Each Disbursement this Period

56515.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

NON CONTRIBUTION: SEE MEMOS BELOW

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 1 | 8 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C**Transaction ID : SB29.028**

Amount of Each Disbursement this Period

878.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City
ATLANTAState
GAZip Code
30354

Purpose of Disbursement

NON CONTRIBUTION: TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 1 | 8 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C**Transaction ID : SB29.029**

Amount of Each Disbursement this Period

875.77

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

57393.48

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

PAGE 10 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223

Purpose of Disbursement

NON CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.006

Amount of Each Disbursement this Period

2937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.022

Amount of Each Disbursement this Period

10556.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MENTZER MEDIA SERVICES INC

Mailing Address 2210 GREY FOX COURT

City
BEL AIRState
MDZip Code
21015

Purpose of Disbursement

NON CONTRIBUTION: MEDIA PLACEMENT

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 2 | 7 | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.016

Amount of Each Disbursement this Period

300000.00

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

313493.75

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

PAGE 11 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. SPARKFIRE TECHNOLOGIES, LLCMailing Address 1100 PEACHTREE ST NE
STE 1750City
ATLANTAState
GAZip Code
30309

Purpose of Disbursement

NON CONTRIBUTION: SMS MESSAGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 2 | | | 2 | 7 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.019

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST PRINCIPLES ACTIONMailing Address 3200 WEST END AVENUE
SUITE 500City
NASHVILLEState
TNZip Code
37203

Purpose of Disbursement

NON CONTRIBUTION: PAYROLL / PAYROLL EXPENSES / POLITICAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 1 | 1 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.011

Amount of Each Disbursement this Period

4666.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

NON CONTRIBUTION: ALL BELOW ITEMIZATION THRESHOLD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 1 | 2 | | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.031

Amount of Each Disbursement this Period

15.73

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

204682.06

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

PAGE 12 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. ASCENT MEDIA LLCMailing Address 1001 CONNECTICUT AVE NW
STE 206City
WASHINGTONState
DCZip Code
20036

Purpose of Disbursement

NON CONTRIBUTION: MEDIA PRODUCTION

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 2 | 1 | | | 2 | 0 | 2 | 5 | |

FEC Identification Number

C

Transaction ID : SB29.018

Amount of Each Disbursement this Period

15080.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VALENTINE GROUP

Mailing Address 86 LAKESIDE VILLAS #E2

City
VEGA ALTAState
PRZip Code
00692

Purpose of Disbursement

NON CONTRIBUTION: MEDIA PLACEMENT

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 2 | 1 | | | 2 | 0 | 2 | 5 | |

FEC Identification Number

C

Transaction ID : SB29.017

Amount of Each Disbursement this Period

99999.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223

Purpose of Disbursement

NON CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.007

Amount of Each Disbursement this Period

3760.00

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

118839.90

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

PAGE 13 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. DEFEND KANSAS PACMailing Address 4925 S BROADWAY AVE
SUITE 1125City
WICHITAState
KSZip Code
67216

Purpose of Disbursement

NON CONTRIBUTION: NON FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.020

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.024

Amount of Each Disbursement this Period

11105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

NON CONTRIBUTION: SEE MEMOS BELOW

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 0 | 7 | | | 2 | 0 | 2 | 5 | |

FEC Identification Number

C

Transaction ID : SB29.033

Amount of Each Disbursement this Period

141.02

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

13246.02

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

PAGE 14 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
NON CONTRIBUTION: TRAVEL

Candidate Name

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

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 0 | 7 | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.034

Amount of Each Disbursement this Period

125.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST PRINCIPLES ACTIONMailing Address 3200 WEST END AVENUE
SUITE 500City
NASHVILLEState
TNZip Code
37203Purpose of Disbursement
NON CONTRIBUTION: PAYROLL / PAYROLL EXPENSES / POLITICAL

Candidate Name

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

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 4 | | | 1 | 6 | | 2 | 0 | 2 | 5 | | |

FEC Identification Number

C

Transaction ID : SB29.012

Amount of Each Disbursement this Period

7699.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223Purpose of Disbursement
NON CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.008

Amount of Each Disbursement this Period

3348.75

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

11048.17

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

PAGE 15 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.025**

Amount of Each Disbursement this Period

5705.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

NON CONTRIBUTION: ALL BELOW ITEMIZATION THRESHOLD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.036**

Amount of Each Disbursement this Period

15.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST PRINCIPLES ACTIONMailing Address 3200 WEST END AVENUE
SUITE 500City
NASHVILLEState
TNZip Code
37203

Purpose of Disbursement

NON CONTRIBUTION: PAYROLL / PAYROLL EXPENSES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.013**

Amount of Each Disbursement this Period

1822.82

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

7544.04

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

PAGE 16 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223

Purpose of Disbursement

NON CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.009

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.026

Amount of Each Disbursement this Period

386.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RYLAND CONSULTING LLC

Mailing Address 4813 LEONARD OKWY

City
RICHMONDState
VAZip Code
23226

Purpose of Disbursement

NON CONTRIBUTION: FUNDRAISING CONSULTING

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.015

Amount of Each Disbursement this Period

2500.00

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

5386.71

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

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

PAGE 17 OF 17

| | | | | |
|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)

FIRST PRINCIPLES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City
NEW YORKState
NYZip Code
10285

Purpose of Disbursement

NON CONTRIBUTION: ALL BELOW ITEMIZATION THRESHOLD

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.038

Amount of Each Disbursement this Period

15.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169

Purpose of Disbursement

NON CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | | 2 | 4 | | | 2 | 0 | 2 | 5 | |

FEC Identification Number

C

Transaction ID : SB29.027

Amount of Each Disbursement this Period

576.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

592.28

1739993.91

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FIRST PRINCIPLES PAC

ADDRESS (number and street) 3200 WEST END AVENUE
(Check if address is changed) SUITE 500
NASHVILLE TN 37203
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) KAYLA@CROSBYOTT.COM
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 03 2024

3. FEC IDENTIFICATION NUMBER ► C C00893537

4. IS THIS STATEMENT ✕ NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer GLAZE, KAYLA, , ,

Signature of Treasurer GLAZE, KAYLA, , , Date 12 03 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

| | | | | | |
|--------------------------------|-------------------|-------|--------|-----------|-------------------|
| Candidate Party Affiliation | Office Sought: | House | Senate | President | State District |
|--------------------------------|-------------------|-------|--------|-----------|-------------------|

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

| | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☒ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

C

2.

C

Write or Type Committee Name

FIRST PRINCIPLES PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE

Mailing Address

| | | | | |
|---------------|------------------------|-------------------------|----------------------------------|------------------------|
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Relationship: | Connected Organization | Affiliated Organization | Joint Fundraising Representative | Leadership PAC Sponsor |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| | | | |
|---------------------|----------------------|---------|------------|
| Full Name | GLAZE, KAYLA, , , | | |
| Mailing Address | 3200 WEST END AVENUE | | |
| | SUITE 500 | | |
| | NASHVILLE | TN | 37203 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | | |
| TREASURER | Telephone number | | |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| | | | |
|------------------------|----------------------|---------|------------|
| Full Name of Treasurer | GLAZE, KAYLA, , , | | |
| Mailing Address | 3200 WEST END AVENUE | | |
| | SUITE 500 | | |
| | NASHVILLE | TN | 37203 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ | | | |
| TREASURER | Telephone number | | |

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1N
Transaction ID :

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule:
Transaction ID:

**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

FIRST PRINCIPLES PAC

ADDRESS (number and street)

3200 WEST END AVENUE

SUITE 500

Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00893537

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y 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 M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

GLAZE , KAYLA , ,

Signature of Treasurer

GLAZE , KAYLA , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FIRST PRINCIPLES PAC

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="0"/> | | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 7. Total Disbursements (from Line 31) | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FIRST PRINCIPLES PAC

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
12 / 31 / 2024**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).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

0.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 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)) .. | 0.00 | 0.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 0.00 |

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) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Lexington Fund

Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Alliance for Consumers Action

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Lexington Fund Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: American Parents Coalition Action
Fund

Signature Information

Date Signed: 01/19/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Lexington Fund Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Honest Elections Project Action
Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

| | | |
|-------------------------|------------------------------|-----------------------------------|
| Entity Information | | |
| Entity Name: | Lexington Fund | Entity Type: Nonstock Corporation |
| Fictitious Name | | |
| Fictitious Name: | Judicial Crisis Network Fund | |
| Signature Information | | |
| Date Signed: 01/08/2024 | | |
| Printed Name | Signature | Title |
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Lexington Fund

Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Save Our States Action Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|
| efile Public Visual Render | | ObjectID: 202431139349200018 - Submission: 2024-04-19 | | TIN: 99-0600559 | | |
| <div style="text-align: center;">Form 990EZ</div> <div style="font-size: small;">Department of the Treasury Internal Revenue Service</div> | | Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. | | | | OMB No. 1545-0047 2023 Open to Public Inspection |
| | | A For the 2023 calendar year, or tax year beginning 12-01-2023, and ending 12-31-2023 | | | | |
| | | B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | | | |
| C Name of organization Lexington Fund | | D Employer identification number 99-0600559 | | E Telephone number (561) 563-3547 | | |
| Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 8300 Boone Blvd Ste 500 | | F Group Exemption Number ▶ | | | | |
| City or town, state or province, country, and ZIP or foreign postal code Vienna, VA 22182 | | | | | | |
| G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ | | | | H Check <input checked="" type="checkbox"/> required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | | |
| I Website: ▶ | | | | | | |
| J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | | | | |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0 | | | | | | |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/> | | | | | | |
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 0 | | |
| | 2 | Program service revenue including government fees and contracts | 2 | 0 | | |
| | 3 | Membership dues and assessments | 3 | 0 | | |
| | 4 | Investment income | 4 | 0 | | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | 0 | | |
| | b | Less: cost or other basis and sales expenses | 5b | 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 | | |
| | 6 | Gaming and fundraising events | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 0 | | |
| | b | Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 0 | | |
| Expenses | c | Less: direct expenses from gaming and fundraising events | 6c | 0 | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 0 | | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 0 | | |
| | b | Less: cost of goods sold | 7b | 0 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 | | |
| | 8 | Other revenue (describe in Schedule O) | 8 | 0 | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 0 | | |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 0 | | |
| | 11 | Benefits paid to or for members | 11 | 0 | | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 0 | | |
| Net Assets | 13 | Professional fees and other payments to independent contractors | 13 | 0 | | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 | | |
| | 15 | Printing, publications, postage, and shipping | 15 | 0 | | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 0 | | |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 0 | | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 0 | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 0 | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 0 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2023)

Form 990-EZ (2023)

Page 2

Part II Balance Sheets(see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

| | (A) Beginning of year | (B) End of year |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments | 0 22 | 0 |
| 23 Land and buildings | 0 23 | 0 |
| 24 Other assets (describe in Schedule O) | 0 24 | 0 |
| 25 Total assets | 0 25 | 0 |
| 26 Total liabilities (describe in Schedule O). | 0 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0 27 | 0 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

The Corporation is established primarily to further the common good and general welfare of the citizens of the United States of America through public education and advocacy related to the importance of institutions.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Planning for its future as a new organization.

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ☐**29**

(Grants \$)

If this amount includes foreign grants, check here . . . ☐**30**

(Grants \$)

If this amount includes foreign grants, check here . . . ☐**31** Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here . . . ☐**32** **Total program service expenses** (add lines 28a through 31a)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

0

29a**30a****31a****32**

0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Oramel H Skinner Director | 1 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |

Form 990-EZ (2023)

Form 990-EZ (2023)

Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | | No |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | No |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | 35c | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. | 37a | 0 | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 0 | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |
| 41 | List the states with which a copy of this return is filed. | | | |
| The organization's books are in care of Neil Corkery Telephone no. (561) 563-3547 | | | | |
| 42a | Located at 8300 Boone Blvd Ste 500 Vienna, VA ZIP + 4 22182 | | | |
| | | | Yes | No |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 42b | | No |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: | 42c | | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | | |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | No |

Form 990-EZ (2023)

Form 990-EZ (2023)

Page 4

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | No |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | | Yes | No |
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | |

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a

Did the organization make any transfers to an exempt non-charitable related organization?

49a

b

If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Oramel H Skinner Director

Type or print name and title

Date

2024-04-19

Paid Preparer Use Only

Print/Type preparer's name

Shawna Powell

Preparer's signature

Date

2024-04-16

Check ☐ if self-employed

PTIN

P01779004

Firm's name

NPO Financial Services LLC

Firm's EIN

92-0423159

Firm's address

PO Box 1056

Plainfield, IN 46168

Phone no.

(765) 263-6800

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2023)

Form 990-EZ, Special Condition Description:

Special Condition Description

**ARTICLES OF INCORPORATION
OF
LEXINGTON FUND**

The undersigned Incorporator, who is eighteen (18) years or older, for the purpose of forming a nonstock corporation pursuant to the Virginia Nonstock Corporation Act hereby certifies:

FIRST: The name of the Corporation is Lexington Fund.

SECOND: The Corporation is established primarily to further the common good and general welfare of the citizens of the United States of America as described within section 501(c)(4) of the Internal Revenue Code of 1986, as amended, including through public education and advocacy related to the importance of institutions.

No part of the net income of the Corporation shall inure to the benefit of or be distributed to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make payments and distributions in furtherance of the purpose and objects set forth in this Second Article.

Notwithstanding any other provision of these Articles, this corporation shall not carry on any activity not permitted to be carried on by an organization exempt from federal income tax under Section 501(c)(4) of the Internal Revenue Code of 1986, or corresponding provision of any future United State Internal Revenue law.

THIRD: The Corporation shall have no members.

FOURTH: The directors of the corporation shall be elected or appointed as follows:

The initial Board of Directors shall be appointed by the Incorporator to serve for a term of one year, or until their successors are elected and qualified. Subsequently, the Board of Directors shall have the authority to elect members of the Board of Directors, who shall be elected annually to serve one-year terms. If a vacancy shall occur on the Board of Directors, the vacancy may be filled by a majority of the Directors in attendance at a meeting of the Board called for such purpose.

FIFTH: The name of the corporation's initial registered agent is:

C T Corporation System, a Delaware corporation that is authorized to transact business in Virginia.

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12.21.24

SIXTH: The corporation's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent is:

C T Corporation System
4701 Cox Rd, Suite 285
Glen Allen, VA 23060
Henrico County

SEVENTH: The Corporation may be dissolved at any time by a majority vote of the Board of Directors of the Corporation who are in attendance at a meeting of the Board called for such purpose. Following such vote, the Board of Directors shall supervise the orderly dissolution of the organization, including the distribution of the remaining funds of the organization consistent with the purposes stated herein.

Upon dissolution of the corporation or the winding up of its affairs, the remaining assets of the Corporation, if any, shall be distributed to one or more organizations which are organized and operated for charitable or social welfare purposes, as described in Sections 501(c)(3) and 501(c)(4) of the Internal Revenue Code, respectively.

IN WITNESS WHEREOF the undersigned has signed these Articles of Incorporation and acknowledged that these Articles of Incorporation are his and to the best of his knowledge, information and belief, and under penalty of perjury, the matters and facts set forth herein are true in all material respects.



Oramel H. Skinner, Incorporator
12.21.2024

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

AT RICHMOND, DECEMBER 26, 2023

The State Corporation Commission has found the accompanying articles of incorporation submitted on behalf of

Lexington Fund

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF INCORPORATION

be issued and admitted to record with the articles of incorporation in the Office of the Clerk of the Commission, effective December 26, 2023.

The corporation is granted the authority conferred on it by law in accordance with the articles of incorporation, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By

A handwritten signature in black ink, appearing to read "Jehmal T. Hudson", followed by a long horizontal flourish.

Jehmal T. Hudson
Commissioner

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Publius Fund

Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Alliance for Consumers Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Publius Fund

Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: American Parents Coalition Fund

Signature Information

Date Signed: 01/19/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Publius Fund

Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Honest Elections Project Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Publius Fund Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Judicial Education Project Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

Fictitious Name - Fictitious Name Certificate

Entity Information

Entity Name: Publius Fund Entity Type: Nonstock Corporation

Fictitious Name

Fictitious Name: Save Our States Fund

Signature Information

Date Signed: 01/08/2024

| Printed Name | Signature | Title |
|------------------|-------------------|----------|
| Oramel H Skinner | Oramel H. Skinner | Director |

**ARTICLES OF INCORPORATION
OF
PUBLIUS FUND**

The undersigned Incorporator, who is eighteen (18) years or older, for the purpose of forming a nonstock corporation pursuant to the Virginia Nonstock Corporation Act hereby certifies:

FIRST: The name of the Corporation is Publius Fund.

SECOND: The Corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3), or as otherwise permitted by the Internal Revenue Code. The Corporation is established exclusively to further charitable and educational activities, including for the purpose of educating the public on issues related to the importance of institutions.

No substantial part of the Corporation's activities shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except as otherwise provided by Section 501(h) of the Internal Revenue Code. No part of any activities of the organization will include participating in or intervening in any political campaign on behalf of or in opposition to any candidate for public office.

No part of the net income of the Corporation shall inure to the benefit of or be distributed to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make payments and distributions in furtherance of the purpose and objects set forth in this Second Article.

Notwithstanding any other provision of these Articles, this corporation shall not carry on any activity not permitted to be carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

THIRD: The Corporation shall have no members.

FOURTH: The directors of the Corporation shall be elected or appointed as follows:

The initial Board of Directors of the Corporation shall be appointed by the Incorporator to serve for a term of one year, or until their successors are elected and qualified. Subsequently, the Board of Directors shall have the authority to elect members of the Board of Directors, who shall be elected

12.21.24
asf

annually to serve one-year terms. If a vacancy shall occur on the Board of Directors, the vacancy may be filled by a majority of the Directors in attendance at a meeting of the Board called for such purpose.

FIFTH: The name of the Corporation's initial registered agent is:

C T Corporation System, a Delaware corporation that is authorized to transact business in the Commonwealth of Virginia.

SIXTH: The Corporation's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent is:

C T Corporation System
4701 Cox Rd, Suite 285
Glen Allen, VA 23060
Henrico County

SEVENTH: The Corporation may be dissolved at any time by a majority vote of the Board of Directors of the Corporation who are in attendance at a meeting of the Board called for such purpose. Following such vote, the Board of Directors shall supervise the orderly dissolution of the Corporation, including the distribution of the remaining assets of the Corporation consistent with the purposes stated herein.

Upon dissolution of the Corporation or the winding up of its affairs, the remaining assets of the Corporation shall be distributed to organizations organized and operating exclusively for charitable purposes, as described in Sections 501(c)(3) of the Internal Revenue Code of 1986, as amended.

IN WITNESS WHEREOF the undersigned has signed these Articles of Incorporation and acknowledged that these Articles of Incorporation are his and to the best of his knowledge, information, and belief, and under penalty of perjury, the matters and facts set forth herein are true in all material respects.


Oramel H. Skinner, Incorporator
12.21.2024

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

AT RICHMOND, DECEMBER 26, 2023

The State Corporation Commission has found the accompanying articles of incorporation submitted on behalf of

Publius Fund

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

CERTIFICATE OF INCORPORATION

be issued and admitted to record with the articles of incorporation in the Office of the Clerk of the Commission, effective December 26, 2023.

The corporation is granted the authority conferred on it by law in accordance with the articles of incorporation, subject to the conditions and restrictions imposed by law.

STATE CORPORATION COMMISSION

By

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Jehmal T. Hudson
Commissioner