

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NEHLS FOR CONGRESS

ADDRESS (number and street)

15500 VOSS RD

STE 518

SUGAR LAND

TX

77498

☐ Check if different  
than previously  
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00730150

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

TX

22

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2025

through

M M / D D / Y Y Y Y  
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

DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M / D D / Y Y Y Y  
07 / 15 / 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 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

NEHLS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	86906.42	211836.19
(b) Total Contribution Refunds (from Line 20(d)) .....	11300.28	16500.60
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	75606.14	195335.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	72463.95	265503.93
(b) Total Offsets to Operating Expenditures (from Line 14) .....	35544.83	37453.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36919.12	228050.69
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	246830.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

NEHLS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

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

(a) Individuals/Persons Other Than  
Political Committees

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

18000.00

86950.00

(ii) Unitemized .....

406.42

7386.19

(iii) TOTAL of contributions  
from individuals ▶

18406.42

94336.19

(b) Political Party Committees.....

0.00

0.00

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

68500.00

117500.00

(d) The Candidate .....

0.00

0.00

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

86906.42

211836.19

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

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

35544.83

37453.24

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

1000.00

1000.00

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

123451.25

250289.43

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72463.95	265503.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	6300.28	11500.60
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11300.28	16500.60
21. OTHER DISBURSEMENTS .....	15500.00	45785.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	99264.23	327789.53

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	222643.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123451.25
25. SUBTOTAL (add Line 23 and Line 24).....	346094.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99264.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	246830.53

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

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

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

NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BURNETT, WALLACE, D., ,

**A.** Mailing Address 6218 BERKELEY RD

City

ALEXANDRIA

State

VA

Zip Code

22307-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROSSROAD STRATEGIES

Occupation

PRINCIPAL

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AC4C54FAA65B24B61904

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BURNS, MARK, L., ,

**B.** Mailing Address 316 E STATE ST

City

SAVANNAH

State

GA

Zip Code

31401-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GULFSTREAM AEROSPACE CORP

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : A9AA9F490FDA3439A8D8

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ELWELL, DANIEL, K., ,

**C.** Mailing Address 10605 KILCORMAC WAY

City

FAIRFAX STATION

State

VA

Zip Code

22039-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	5

Transaction ID : A1DA9513EFB0D48B7A20

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GIBSON, DUANE, , ,

**A.**

Mailing Address 23 W IRVING ST

City

CHEVY CHASE

State

MD

Zip Code

20815-4263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE LIVINGSTON GROUP

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : A620BDB560DB74F20801

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

GIBSON, JOSEPH, H, ,

**B.**

Mailing Address 5040 GLENBROOK TER NW

City

WASHINGTON

State

DC

Zip Code

20016-2602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USPS

Occupation

LETTER CARRIER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A25BD8A3D7477486D87F

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

KENDRICK, BARRY, , ,

**C.**Mailing Address 244 FM 306  
STE 120

City

NEW BRAUNFELS

State

TX

Zip Code

78130-5487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

Transaction ID : A0655588281424F72A02

Amount of Each Receipt this Period

500.00



Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**WINRED****A.**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

Transaction ID : A9276706C25644618A8E

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
**BRENNER, SCOTT, , ,****B.**

Mailing Address 103 W ROSEMONT AVE

City  
ALEXANDRIAState  
VAZip Code  
22301-2625FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

CROSSROADS STRATEGIES

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

Transaction ID : AD586988D55984CE880C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)  
**WINRED****C.**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

Transaction ID : AF3D18C84435F498B849

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ROBERSON, JOEL, , ,

**A.**

Mailing Address 1911 N CAMERON ST

City

ARLINGTON

State

VA

Zip Code

22207-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLLAND KNIGHT

Occupation  
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 19 2025

Transaction ID : A8883157672EA4B5FBAA

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 19 2025

Transaction ID : A77646AEB9B4847D7B37

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BRIGHTUP, CRAIG, , ,

**C.**

Mailing Address 215 N PITT ST

City

ALEXANDRIA

State

VA

Zip Code

22314-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE BRIGHTUP GROUP LLC

Occupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 07 2025

Transaction ID : AC114932E211A4203978

Amount of Each Receipt this Period

2000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

2500.00

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



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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

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

Transaction ID : AE15966AF993F4DCB9F1

Amount of Each Receipt this Period

2000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**Full Name (Last, First, Middle Initial)  
NEELY, JOHN, , ,

Mailing Address 30 TIDEWATER WAY

City  
SAVANNAHState  
GAZip Code  
31411-2120FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A003477E60C6D4D42BBB

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

**C.**Full Name (Last, First, Middle Initial)  
WINREDMailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

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

Transaction ID : A2A2F1CE6DA2541F591E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MULVANEY, JOHN, , ,

**A.**

Mailing Address 1500 ATLANTIC BLVD  
APT 213

City  
KEY WEST

State  
FL

Zip Code  
33040-5068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 21 2025

Transaction ID : A831D6981FC9643A9B2F

Amount of Each Receipt this Period

2500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)  
WINRED

**B.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 21 2025

Transaction ID : A18DAFE4AD32846FEACB

Amount of Each Receipt this Period

2500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)  
NORTON, JAMES, , ,

**C.**

Mailing Address 6471 33RD ST

City  
FALLS CHURCH

State  
VA

Zip Code  
22043-1961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXON ENTERPRISE

Occupation  
VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 16 2025

Transaction ID : A896F205C305341E3802

Amount of Each Receipt this Period

3000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

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

Transaction ID : A2D1D8737BA194E14AD3

Amount of Each Receipt this Period

3000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**Full Name (Last, First, Middle Initial)  
CLINE, JOHN, , ,

Mailing Address 904 ANN LEWIS RD

City  
CHARLES TOWNState  
WVZip Code  
25414-4697FEC ID number of contributing  
federal political committee.**C**

Name of Employer

CLINE STRATEGIC CONSULTING, LLC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A389FF15E85B74FE899C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

**C.**Full Name (Last, First, Middle Initial)  
WINREDMailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

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

Transaction ID : A86B6EFA1E307465F9A3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

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

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

PAGE 12 OF 69

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

DOERRER, PAUL, , ,

**A.**

Mailing Address 12 W BELLEFONTE AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE DOERRER GROUP LLC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		29		2025

Transaction ID : A9E372DC9FD694E0C9BD

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**Mailing Address 4250 FAIRFAX DR  
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		29		2025

Transaction ID : AA72D9402BF194EA789E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BAUR, CHRIS, , ,

**C.**

Mailing Address 6106 REDWOOD BRIDGE TRL

City

KINGWOOD

State

TX

Zip Code

77345-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUGHES AEROSPACE CORP

Occupation

CEO

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		08		2025

Transaction ID : AB4B671AEC3C442808FB

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 69

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
WINRED

**A.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

42418.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 08 2025

**Transaction ID : A965616C37C484B9289D**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

18000.00

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ENERGY MARKETERS OF AMERICA SMALL BUSINESS COMMITTEE PAC (EMA SBC PAC)

**A.**Mailing Address 300 NEW JERSEY AVENUE,  
SUITE 924

City

WASHINGTON

State

DC

Zip Code

20001

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

C00035204

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 06 2025

Transaction ID : A0E546306034B4708892

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LEIDOS INC

Mailing Address 301 LABORATORY RD

City

OAK RIDGE

State

TN

Zip Code

37830

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

C00546234

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2025

Transaction ID : A1E006B5AB0984A3B86D

Amount of Each Receipt this Period

3000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20001

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

C00193631

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 22 2025

Transaction ID : AC2DE184EB5F04305BA1

Amount of Each Receipt this Period

1000.00

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

6500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CONSTELLATION ENERGY CORPORATION EMPLOYEE PAC (CEPAC)****A.**Mailing Address 250 MASSACHUSETTS AVE NW  
STE 760City  
WASHINGTONState  
DCZip Code  
20001-5823FEC ID number of contributing  
federal political committee.**C** C00793711

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A719E7A20D2714F12BDC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL APARTMENT ASSOCIATION****B.**Mailing Address 4300 WILSON BLVD  
STE 800City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00113241

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		06		2025

Transaction ID : A0A92BFACF85F414799D

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ALASKA AIR GROUP INC. PAC****C.**

Mailing Address 19300 INTERNATIONAL BLVD

City  
SEATACState  
WAZip Code  
98188-5304FEC ID number of contributing  
federal political committee.**C** C00024349

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : AAFD38A4FDB6E40D3A00

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BASF CORPORATION EMPLOYEES PAC****A.**Mailing Address 1350 I ST NW  
STE 850City  
WASHINGTONState  
DCZip Code  
20005-3346FEC ID number of contributing  
federal political committee.**C** C00340075

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A7A75136B4DB144218D3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**SPACE EXPLORATION TECHNOLOGIES CORP. PAC****B.**Mailing Address 1155 F ST NW  
STE 475City  
WASHINGTONState  
DCZip Code  
20004-1343FEC ID number of contributing  
federal political committee.**C** C00411116

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : A0796083F3EFE4919978

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ANIMAL WELLNESS ACTION PAC****C.**Mailing Address 611 PENNSYLVANIA AVE SE  
# 136City  
WASHINGTONState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00679860

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : A0FD8BAA129D84FE0ACF

Amount of Each Receipt this Period

3000.00

☐ Memo Item

9000.00

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



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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

TTX PAC

**A.**Mailing Address 2151 HAWKINS STREET  
FLOOR 16City  
CHARLOTTEState  
NCZip Code  
28203FEC ID number of contributing  
federal political committee.**C** C00138974

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : A308D0A40694F4F1D915

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE GEO GROUP, INC. PAC

**B.**

Mailing Address 4955 TECHNOLOGY WAY

City  
BOCA RATONState  
FLZip Code  
33431-3367FEC ID number of contributing  
federal political committee.**C** C00382150

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A679A488127584EABB33

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FLORIDA EAST COAST INDUSTRIES, LLC GOOD GOVERNMENT COMMITTEE

**C.**

Mailing Address 350 NW 1ST AVENUE, SUITE 200

City  
MIAMIState  
FLZip Code  
33128FEC ID number of contributing  
federal political committee.**C** C00544908

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A816016BF5FC6483AB66

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LEIDOS INC

**A.** Mailing Address 301 LABORATORY RDCity  
OAK RIDGEState  
TNZip Code  
37830FEC ID number of contributing  
federal political committee.**C** C00546234

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		05		2025

Transaction ID : ACAB7FBE2A5364033920

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC****B.** Mailing Address PALLADIAN 1  
220 LEIGH FARM RDCity  
DURHAMState  
NCZip Code  
27707-8110FEC ID number of contributing  
federal political committee.**C** C00077321

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : AC1CC10A846EC4F18BED

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**FAAMA****C.** Mailing Address 1015 ATLANTIC BLVD.  
SUITE 245City  
ATLANTIC BEACHState  
FLZip Code  
32233FEC ID number of contributing  
federal political committee.**C** C00366070

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		06		2025

Transaction ID : AD12A55AE8C364C98BF4

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**INDEPENDENT PILOTS ASSOCIATION PAC (IPAC)**

Mailing Address 3607 FERN VALLEY RD

City  
LOUISVILLEState  
KYZip Code  
40219-1916FEC ID number of contributing  
federal political committee.**C** C00849323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2025

Transaction ID : AA284D77BDE854A0AB76

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE NW

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

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 06 2025

Transaction ID : AACF1302F71AB40A1965

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA PAC**Mailing Address 1615 L ST NW  
STE 300City  
WASHINGTONState  
DCZip Code  
20036-5655FEC ID number of contributing  
federal political committee.**C** C00341800

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 15 2025

Transaction ID : AB02F76657FD243268C6

Amount of Each Receipt this Period

2500.00

☐ Memo Item

7000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC

**A.**Mailing Address 201 12TH ST S  
STE 800City  
ARLINGTONState  
VAZip Code  
22202-5408FEC ID number of contributing  
federal political committee.**C** C00100321

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2025

Transaction ID : A3AF0AE3468A343C098E

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

SMART TD PAC

Mailing Address 6060 ROCKSIDE WOODS BLVD N  
STE 325City  
INDEPENDENCEState  
OHZip Code  
44131-2378FEC ID number of contributing  
federal political committee.**C** C00001636

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2025

Transaction ID : AAA5EE743DF29427190F

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 N QUINCY ST  
STE 200City  
ARLINGTONState  
VAZip Code  
22203-1708FEC ID number of contributing  
federal political committee.**C** C00034678

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2025

Transaction ID : A51579AB033654787871

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**AMERICAS ELECTRIC COOPERATIVES PAC**

Mailing Address 4301 WILSON BLVD

City  
ARLINGTONState  
VAZip Code  
22203FEC ID number of contributing  
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A8B43516CE3EC4934BDB

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**FEDEX CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 942 S SHADY GROVE ROAD

City  
MEMPHISState  
TNZip Code  
38120FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		26		2025

Transaction ID : A3E63C75E5DD149CCB44

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**GENERAL AVIATION MANUFACTURERS ASSOCIATION PAC**Mailing Address 1400 K ST NW  
STE 801City  
WASHINGTONState  
DCZip Code  
20005-2402FEC ID number of contributing  
federal political committee.**C** C00014878

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : AC15026472BC94F49995

Amount of Each Receipt this Period

1000.00

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

4000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GREYHOUND LINES PAC

**A.**

Mailing Address P.O. BOX 660362

City

DALLAS

State

TX

Zip Code

75266-0362

FEC ID number of contributing  
federal political committee.**C** C00215129

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A49F5DF4D7F314BF4B7A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DRIVE COMMITTEE

**B.**

Mailing Address 25 LOUISIANA AVE NW

City

WASHINGTON

State

DC

Zip Code

20001-2130

FEC ID number of contributing  
federal political committee.**C** C00032979

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : AF54F1AA466CA46B8B85

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HERZOG PAC

**C.**Mailing Address 374 N COAST HIGHWAY 101  
STE 2

City

ENCINITAS

State

CA

Zip Code

92024-2542

FEC ID number of contributing  
federal political committee.**C** C00391979

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A1093F501E1BF4F2D9E9

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LET EXPERIENCED PILOTS FLY PAC

Mailing Address 2501 CHATHAM RD

STE R

City

SPRINGFIELD

State

IL

Zip Code

62704-4188

FEC ID number of contributing  
federal political committee.**C** C00899872

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		06		2025

Transaction ID : A66AF30167FDF4C379B3

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ALLIED PILOTS ASSOCIATION PAC

Mailing Address 14600 TRINITY BLVD

City

FORT WORTH

State

TX

Zip Code

76155

FEC ID number of contributing  
federal political committee.**C** C00267849

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A61C5BF436F104D068F6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 SW 8TH ST

City

BENTONVILLE

State

AR

Zip Code

72716-6209

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

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A8992622FFEDA440B9D6

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**Full Name (Last, First, Middle Initial)  
FAAMA**A.**Mailing Address 1015 ATLANTIC BLVD.  
SUITE 245City  
ATLANTIC BEACHState  
FLZip Code  
32233FEC ID number of contributing  
federal political committee.**C** C00366070

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : A3447EE630E694621BC8

Amount of Each Receipt this Period

1500.00

☐ Memo Item**B.**Full Name (Last, First, Middle Initial)  
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENTMailing Address 800 17TH ST NW  
STE 1100City  
WASHINGTONState  
DCZip Code  
20006-3962FEC ID number of contributing  
federal political committee.**C** C00171330

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A184B354FC03348EC9C4

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**Full Name (Last, First, Middle Initial)  
NRG ENERGY INC PAC

Mailing Address 910 LOUISIANA ST.

City  
HOUSTONState  
TXZip Code  
77002-4901FEC ID number of contributing  
federal political committee.**C** C00366559

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : A6A093D12C41E4434BA7

Amount of Each Receipt this Period

2000.00

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

4500.00

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



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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LYONDELL CHEMICAL COMPANY PAC

Mailing Address 1221 MCKINNEY STREET  
SUITE 300City  
HOUSTONState  
TXZip Code  
77010FEC ID number of contributing  
federal political committee.

C C00306175

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 05 2025

Transaction ID : A0DB2F77ED2414EACA53

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

Mailing Address 824 S MILLEDGE AVE, STE 101

City  
ATHENSState  
GAZip Code  
30605FEC ID number of contributing  
federal political committee.

C C00570226

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 05 2025

Transaction ID : AB620B1C1B2744843A3F

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL BUSINESS AVIATION ASSOCIATION INC PAC (NBAA-PAC)

Mailing Address 1200 G ST NW  
STE 1100City  
WASHINGTONState  
DCZip Code  
20005-3830FEC ID number of contributing  
federal political committee.

C C00319723

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2025

Transaction ID : A257DC850FC174999BDB

Amount of Each Receipt this Period

5000.00

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

10000.00

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**ALLIED PILOTS ASSOCIATION PAC****A.**

Mailing Address 14600 TRINITY BLVD

City

FORT WORTH

State

TX

Zip Code

76155

FEC ID number of contributing  
federal political committee.**C** C00267849

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : AD605D20389374342914

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

**ALLIED PILOTS ASSOCIATION PAC**

Mailing Address 14600 TRINITY BLVD

City

FORT WORTH

State

TX

Zip Code

76155

FEC ID number of contributing  
federal political committee.**C** C00267849

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : A82DF5885ADCB4656BDB

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item

REDESIGNATION FROM

**C.**

Full Name (Last, First, Middle Initial)

**ALLIED PILOTS ASSOCIATION PAC**

Mailing Address 14600 TRINITY BLVD

City

FORT WORTH

State

TX

Zip Code

76155

FEC ID number of contributing  
federal political committee.**C** C00267849

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : AB60305D52F934215BE3

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REDESIGNATION TO

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

5000.00

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

68500.00

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ROBINSON, STEVEN, , ,

**A.**Mailing Address 3200 SOUTHWEST FREEWAY  
STE. 2600City  
HOUSTONState  
TXZip Code  
77027-7537FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLEN BOONE HUMPHRIES ROBINSONOccupation  
PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1905.72

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		31		2025

Transaction ID : A4C92FEF635E84D82965

Amount of Each Receipt this Period

1905.72

☐ Memo Item

CAMPAIGN CONSULTING REVERSED

**B.**

Full Name (Last, First, Middle Initial)

THE PROSPER GROUP

Mailing Address 150 W MARKET ST  
STE 500City  
INDIANAPOLISState  
INZip Code  
46204-2879FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1958.11

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		31		2025

Transaction ID : A42BE317826C14BC3907

Amount of Each Receipt this Period

1958.11

☐ Memo Item

DIGITAL CONSULTING REVERSED

**C.**

Full Name (Last, First, Middle Initial)

FUNDRAISING, INC.

Mailing Address 411 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1827FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17407.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		31		2025

Transaction ID : AFF8E50B9D9BF4C14A2B

Amount of Each Receipt this Period

12675.00

☐ Memo Item

FUNDRAISING CONSULTING REFUNDED

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

16538.83

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

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

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**FUNDRAISING, INC.****A.** Mailing Address 411 FIRST ST SECity  
WASHINGTONState  
DCZip Code  
20003-1827FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17407.00

Date of Receipt

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

Transaction ID : A931075C2DC794B4295F

Amount of Each Receipt this Period

4732.00

☐ Memo Item

FUNDRAISING CONSULTING REFUNDED

**B.** Full Name (Last, First, Middle Initial)  
**FORT BEND COUNTY REPUBLICAN PARTY**

Mailing Address 211 E 7TH ST

City  
AUSTINState  
TXZip Code  
78701-3334FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : AC6BA0F9A798D4FA9AD6

Amount of Each Receipt this Period

5000.00

☐ Memo Item

DONATION REVERSED

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY 1776, LLC**

Mailing Address 4002 SCENIC ORCHARD LN

City  
RICHMONDState  
TXZip Code  
77407FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : A51475C934918455E8DB

Amount of Each Receipt this Period

5000.00

☐ Memo Item

RENT REVERSED

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

14732.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**YESLI VEGA FOR VIRGINIA**

**A.**

Mailing Address 3360 POST OFFICE RD  
PO BOX 1676

City  
WOODBIDGE

State  
VA

Zip Code  
22195-8005

FEC ID number of contributing  
federal political committee.

**C** C00799684

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2025

Transaction ID : AD1159B39C7B64305B8C

Amount of Each Receipt this Period

2500.00

☐ Memo Item

POLITICAL CONTRIBUTIONS REVERSED

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

2500.00

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

33770.83

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

PAGE 30 OF 69

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

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NAME OF COMMITTEE (In Full)

**NEHLS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LAUREN BOEBERT FOR CONGRESS****A.**

Mailing Address PO BOX 2026

City

ELIZABETH

State

CO

Zip Code

80107-2026

FEC ID number of contributing  
federal political committee.**C** C00728238

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AD511B55C6D02499E975

Amount of Each Receipt this Period

1000.00

☐ Memo Item

POLITICAL CONTRIBUTION REVERSED

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

1000.00

1000.00

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

PAGE 31 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. PACK AND SHIP**

Mailing Address 1366 E SUMNER STREET

Date of Disbursement

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

City  
HARTFORDState  
WIZip Code  
53027-1614

FEC Identification Number

C

Purpose of Disbursement  
SHIPPING

001

Amount of Each Disbursement this Period

295.75

Transaction ID : B407643984E544E399E7

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CHALMERS AND ADAMS LLC**Mailing Address 5805 STATE BRIDGE RD  
STE G77

Date of Disbursement

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

City  
DULUTHState  
GAZip Code  
30097-8220

FEC Identification Number

C

Purpose of Disbursement  
LEGAL CONSULTING

001

Amount of Each Disbursement this Period

7225.00

Transaction ID : B36A87D0F89504707BA5

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. AMAZON**

Mailing Address 2111 7TH AVE

Date of Disbursement

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

City  
SEATTLEState  
WAZip Code  
98121

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SUPPLIES

001

Amount of Each Disbursement this Period

27.54

Transaction ID : B7782C9426DF44F35966

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

7548.29

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

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

PAGE 32 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 2111 7TH AVE

Date of Disbursement

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

City  
SEATTLEState  
WAZip Code  
98121

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SUPPLIES

001

Amount of Each Disbursement this Period

127.18

Transaction ID : B826FE83841D44B95AB3

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 2111 7TH AVE

Date of Disbursement

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

City  
SEATTLEState  
WAZip Code  
98121

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SUPPLIES

001

Amount of Each Disbursement this Period

20.01

Transaction ID : BB2EC8C7CD116470B9A5

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. PERRYS STEAKHOUSE & GRILLE**

Mailing Address 2115 TOWN SQUARE PL

Date of Disbursement

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

City  
SUGAR LANDState  
TXZip Code  
77479-1277

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Amount of Each Disbursement this Period

385.84

Transaction ID : B0EA7F2F2EF5F4D73A92

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

533.03

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



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

PAGE 33 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.20

Transaction ID : BFCA1EBEBBD9C4ACA955

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHOLE FOODS**

Mailing Address 6601 S FRY RD

City  
KATYState  
TXZip Code  
77494-3433Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

153.98

Transaction ID : B3EC0E55453FD4879AE8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHOLE FOODS**

Mailing Address 6601 S FRY RD

City  
KATYState  
TXZip Code  
77494-3433Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

27.94

Transaction ID : BF91476A1841547AA8F7

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

182.12

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

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

PAGE 34 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

156.47

Transaction ID : B81AB9222EB264AF9B80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1827Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2587.28

Transaction ID : B3A5889C9580E4C8E909

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

78.84

Transaction ID : B664D31097D4840B1A26

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

2822.59

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

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

PAGE 35 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. LOMONTE'S ITALIAN RESTAURANT**

Mailing Address 815 PLANTATION DR, #180

Date of Disbursement

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

City  
RICHMONDState  
TXZip Code  
77406

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Amount of Each Disbursement this Period

327.52

Transaction ID : B0F586BF5060C4FEFBF1

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. DEOLAX**

Mailing Address 5650 GRACE PL

Date of Disbursement

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

City  
COMMERCEState  
CAZip Code  
90022-4119

FEC Identification Number

C

Purpose of Disbursement  
OFFICE SUPPLIES

001

Amount of Each Disbursement this Period

537.00

Transaction ID : BF50A3829A28C48ED959

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. NORA ANNES FLOWER SHOP**Mailing Address 15510 LEXINGTON BLVD  
STE N

Date of Disbursement

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

City  
SUGAR LANDState  
TXZip Code  
77478-4173

FEC Identification Number

C

Purpose of Disbursement  
FLOWERS

001

Amount of Each Disbursement this Period

449.24

Transaction ID : BC3395DE423974266992

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

1313.76

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

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

PAGE 36 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. PERRYS STEAKHOUSE & GRILLE**

Mailing Address 2115 TOWN SQUARE PL

Date of Disbursement

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

City  
SUGAR LANDState  
TXZip Code  
77479-1277

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

943.85

Transaction ID : B8FDA2D2604914ECBBAB

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20003-1801

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

936.64

Transaction ID : BD095C36FDCA0442E8E6

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20003-1801

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

815.91

Transaction ID : BB96800EB5E714C19981

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

2696.40

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



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

PAGE 38 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1827Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

133.05

Transaction ID : B2DA024648B3A464AB00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : B39907113C2BA4755BB8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : B477D92EA9C1D4A50B5F

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

4733.05

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

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

PAGE 39 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2305.00

Transaction ID : B1B8155A3DC29476A8FD

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : BA702C9C7334542F0BF8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003-1827Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

199.14

Transaction ID : BD5014BC23BC34960A19

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

4804.14

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

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

PAGE 40 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.97

Transaction ID : B98073F62FB2E479092C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHROEDER, ROBERT, , ,**

Mailing Address PO BOX 16968

City  
SUGAR LANDState  
TXZip Code  
77496-6968Purpose of Disbursement  
SALARY

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : BFDA6E79A89D14DBF80C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONGRESSIONAL COUNTRY CLUB**

Mailing Address 8500 RIVER RD

City  
BETHESDAState  
MDZip Code  
20817-2635Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

858.60

Transaction ID : B2C8C86B9D5954AC294E

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

6860.57

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



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

PAGE 41 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. UBER**Mailing Address 1455 MARKET ST  
FLOOR 4City  
SAN FRANCISCOState  
CAZip Code  
94103-1355Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

36.87

Transaction ID : B999BE510280C4FDE9F7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MATTHEWS, EMILY, , ,**

Mailing Address 6624 FARM TO MARKET 429

City  
KAUFMANState  
TXZip Code  
75142Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : BFC753014A85840FEAF4

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHROEDER, ROBERT, , ,**

Mailing Address PO BOX 16968

City  
SUGAR LANDState  
TXZip Code  
77496-6968Purpose of Disbursement  
SALARY

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B8B0B1FAA071843D18EB

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

2286.87

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

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

PAGE 42 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. EXTRA SPACE**

Mailing Address 10535 MASON RD

City  
RICHMONDState  
TXZip Code  
77406Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

444.00

Transaction ID : B9752AA968B5A4D81875

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DISTRICT TACO CATERING**

Mailing Address 1919 M ST NW

City  
WASHINGTONState  
DCZip Code  
20036-3521Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1273.64

Transaction ID : BF9182EAAC07240E0B6C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101-5709Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : B0239D13E4EA44A2683C

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

1742.64

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

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

PAGE 43 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.61

Transaction ID : BA66DC033141F4358B02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAME DAY PROCESSING**

Mailing Address PO BOX 183

City  
HUDSONState  
WIZip Code  
54016-0183Purpose of Disbursement  
CAGING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : B59C72377EFFE4D78991

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2305.00

Transaction ID : B0FC6F62635C949E0861

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

2400.61

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

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

PAGE 44 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CHIPOTLE**

Mailing Address 909 TEXAS ST

Date of Disbursement

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

City  
HOUSTONState  
TXZip Code  
77002-3108

FEC Identification Number

C

Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

470.15

Transaction ID : B401BC69936AA40B3945

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20003-1827

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.39

Transaction ID : B3D60DA78C75445AAAC7

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

City  
WASHINGTONState  
DCZip Code  
20003-1827

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6630.00

Transaction ID : BC77A30B31D894038815

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

7350.54

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

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

PAGE 45 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.56

Transaction ID : BC2C34F1B2F3C425E901

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101-5709Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : BFA69968C539E4CA19DF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STONE & WEBSTER CHOPHOUSE**

Mailing Address 500 W RIVER ST

City  
SAVANNAHState  
GAZip Code  
31401Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1230.10

Transaction ID : BC86CDF7246EE4E91B42

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

1281.66

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

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

PAGE 46 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

90.64

Transaction ID : BA1AF276FFCFE4BD49EC

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

298.60

Transaction ID : BF5A817A402194D8688F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. USHR CATERING**

Mailing Address 45 INDEPENDENCE AVE SE

City  
WASHINGTONState  
DCZip Code  
20515-0001Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.25

Transaction ID : BF6B7BF01CA9346FEB1F

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

398.49

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

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

PAGE 47 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

98.55

Transaction ID : B3BFA1D84A15E49A8BF1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

48.95

Transaction ID : B1A7237EBD6A0487F9CD

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BULLFEATHERS**

Mailing Address 410 FIRST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.81

Transaction ID : BBA72511645B24D6C97B

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

269.31

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

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

PAGE 48 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City  
CHICAGOState  
ILZip Code  
60606-7147Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	5	

FEC Identification Number

C

Amount of Each Disbursement this Period

188.15

Transaction ID : B90D3881A2574441690E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City  
CHICAGOState  
ILZip Code  
60606-7147Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1046.97

Transaction ID : BAFBDFC504FDA48E2998

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City  
CHICAGOState  
ILZip Code  
60606-7147Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1046.97

Transaction ID : B12364401AD6C407CA78

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

2282.09

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



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

PAGE 49 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MATTHEWS, EMILY, , ,**

Mailing Address 6624 FARM TO MARKET 429

Date of Disbursement

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

City  
KAUFMANState  
TXZip Code  
75142

FEC Identification Number

C

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : BDAE0F6C7C53A4E568E3

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. TREVINO, JESSE, , ,**

Mailing Address PO BOX 518

Date of Disbursement

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

City  
RICHMONDState  
TXZip Code  
77406-0013

FEC Identification Number

C

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1200.00

Transaction ID : B12BF655BB3F24FF7AD7

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. APIS HOTEL**

Mailing Address 614 56TH ST

Date of Disbursement

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

City  
KENOSHAState  
WIZip Code  
53140-3704

FEC Identification Number

C

Purpose of Disbursement  
LODGING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

621.98

Transaction ID : B41209AA0DF80483C8B3

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

2071.98

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

X	17		18		19a		19b
	20a		20b		20c		21

# NEHLS FOR CONGRESS

### A. FOUR SEASONS

001

C \_\_\_\_\_

206.10

Memo Item

## B. CHAIN BRIDGE BANK

MM / DD / YYYY

001

C \_\_\_\_\_

25.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. AMAZON

001

C

261.80

Memo Item

492.90

A diagram of a rectangular frame structure. It consists of two horizontal members (top and bottom) and ten vertical members. The vertical members are arranged in two groups of five, with one group on the left and one on the right. The top horizontal member is connected to all five left vertical members and all five right vertical members. The bottom horizontal member is connected to all five left vertical members and all five right vertical members. This results in a total of 12 members (2 horizontal + 10 vertical).

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

PAGE 51 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. EXTRA SPACE**

Mailing Address 10535 MASON RD

City  
RICHMONDState  
TXZip Code  
77406Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

444.00

Transaction ID : BF0DEABAC284B44D1AD9

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHROEDER, ROBERT, , ,**

Mailing Address PO BOX 16968

City  
SUGAR LANDState  
TXZip Code  
77496-6968Purpose of Disbursement  
SALARY

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B8E7ADD33F8E64623A42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200City  
KANSAS CITYState  
MOZip Code  
64112-1244Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : BE9DC21430D9A49E0A9E

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

4244.00

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

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

PAGE 52 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. APIS HOTEL**

Mailing Address 614 56TH ST

Date of Disbursement

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

City  
KENOSHAState  
WIZip Code  
53140-3704

FEC Identification Number

C

Purpose of Disbursement  
LODGING

001

Amount of Each Disbursement this Period

3.00

Transaction ID : B2FA35289304042B1851

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. ROSA, CHARLA, , ,**

Mailing Address PO BOX 518

Date of Disbursement

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

City  
RICHMONDState  
TXZip Code  
77406-0013

FEC Identification Number

C

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Amount of Each Disbursement this Period

636.75

Transaction ID : B2FBD420233D84C39A72

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. AXCAPITAL, LLC**Mailing Address 800 W 47TH ST  
STE 200

Date of Disbursement

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

City  
KANSAS CITYState  
MOZip Code  
64112-1244

FEC Identification Number

C

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Amount of Each Disbursement this Period

2305.00

Transaction ID : BD2D6D3CB1A324B89A6C

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

2944.75

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

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

PAGE 53 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. SAME DAY PROCESSING**

Mailing Address PO BOX 183

Date of Disbursement

M M	D D	Y Y Y Y
06	04	2025

City  
HUDSONState  
WIZip Code  
54016-0183

FEC Identification Number

C

Purpose of Disbursement  
CAGING

001

Amount of Each Disbursement this Period

17.50

Transaction ID : B6D4C470CF9424CC5B95

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVE

Date of Disbursement

M M	D D	Y Y Y Y
06	04	2025

City  
MCLEANState  
VAZip Code  
22101-5709

FEC Identification Number

C

Purpose of Disbursement  
BANK FEES

001

Amount of Each Disbursement this Period

240.00

Transaction ID : BE3A66C9E269B48E88F2

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. FUNDRAISING, INC.**

Mailing Address 411 FIRST ST SE

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2025

City  
WASHINGTONState  
DCZip Code  
20003-1827

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Amount of Each Disbursement this Period

164.36

Transaction ID : BE4D46CF4671D49BF85F

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

421.86

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

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

PAGE 54 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.94

Transaction ID : B22E1819845F24686B6E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DISTRICT TACO CATERING**

Mailing Address 1919 M ST NW

City  
WASHINGTONState  
DCZip Code  
20036-3521Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

624.74

Transaction ID : BF5C58338F1814044B3E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NATIONAL CAR RENTAL**

Mailing Address 10124 NATURAL BRIDGE RD

City  
SAINT LOUISState  
MOZip Code  
63134-3301Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

580.10

Transaction ID : B90986958C0404944AA6

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

1208.78

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

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

PAGE 55 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.39

Transaction ID : BEE30680E5FDD4A88A41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WOODFIN, JILL, , ,**

Mailing Address PO BOX 518

City  
RICHMONDState  
TXZip Code  
77406-0013Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : B77B7DABE6A064ED08F7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

689.11

Transaction ID : BC3024349396A4432942

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

939.50

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

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

PAGE 56 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

114.74

Transaction ID : B3814DDE5B3BF4849A97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON**

Mailing Address 2111 7TH AVE

City  
SEATTLEState  
WAZip Code  
98121Purpose of Disbursement  
OFFICE SUPPLIES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.31

Transaction ID : B3507005C2E5C4EC299B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHROEDER, ROBERT, , ,**

Mailing Address PO BOX 16968

City  
SUGAR LANDState  
TXZip Code  
77496-6968Purpose of Disbursement  
SALARY

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B4FBAFD0C38B6430EBAA

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

2161.05

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



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

PAGE 57 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MATTHEWS, EMILY, , ,**

Mailing Address 6624 FARM TO MARKET 429

Date of Disbursement

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

City  
KAUFMANState  
TXZip Code  
75142

FEC Identification Number

C

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : BA6D54065C7614E91832

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530

Date of Disbursement

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

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

C

Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

59.88

Transaction ID : B98B67DD0BA2940BEB5E

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36611

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

City  
DALLASState  
TXZip Code  
75235

FEC Identification Number

C

Purpose of Disbursement  
AIRFARE

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

375.48

Transaction ID : BA0147DE6B653494FADA

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

685.36

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

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

PAGE 58 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445A LAUGHLIN AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City  
MCLEANState  
VAZip Code  
22101-5709

FEC Identification Number

C

Purpose of Disbursement  
BANK FEES

001

Amount of Each Disbursement this Period

25.00

Transaction ID : B9FC91C8A3C724676B61

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET ST  
FLOOR 4

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
SAN FRANCISCOState  
CAZip Code  
94103-1355

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Amount of Each Disbursement this Period

64.43

Transaction ID : B88E9BFB321764AB3B66

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. ANTHONIE'S MARKET GRILL**

Mailing Address 9108 FARM TO MARKET 1489

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
SIMONTONState  
TXZip Code  
77476

FEC Identification Number

C

Purpose of Disbursement  
EVENT FOOD AND BEVERAGE

007

Amount of Each Disbursement this Period

477.23

Transaction ID : BA6D34EF939C24BBDA71

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

566.66

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

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

PAGE 59 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. EXTRA SPACE**

Mailing Address 10535 MASON RD

City  
RICHMONDState  
TXZip Code  
77406Purpose of Disbursement  
RENT

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

444.00

Transaction ID : BCFAF8BCCE6E34DBF93F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 96001

City  
LOS ANGELESState  
CAZip Code  
90096-8000Purpose of Disbursement  
CREDIT CARD PAYMENT

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

260.04

Transaction ID : B7068D26F91FD4E3D9F7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITAL GRILLE**

Mailing Address 11365 LEGACY AVE

City  
PALM BEACH GARDENSState  
FLZip Code  
33410Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

260.04

Transaction ID : B7F32FCBBAEB14BBC907

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

704.04

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

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

PAGE 60 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

84.21

Transaction ID : BAC130E4417CD4A0583C

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

80.46

Transaction ID : B2BBB4C4EE266470B954

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.87

Transaction ID : B9F42A49798514022805

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

88.08

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

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

PAGE 61 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.87

Transaction ID : B4DE74FA1357D4FCF801

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.06

Transaction ID : B941467DE91934415B97

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.06

Transaction ID : B64E91FEF9419452D95B

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

4.06

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

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

PAGE 62 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.02

Transaction ID : B8ED246E2A9BE451FBA7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.27

Transaction ID : B4271374C05184172A41

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE PROSPER GROUP**Mailing Address 150 W MARKET ST  
STE 500City  
INDIANAPOLISState  
INZip Code  
46204-2879Purpose of Disbursement  
DIGITAL CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.75

Transaction ID : B4E9711FCC00942F7B91

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

5.02

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

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

PAGE 63 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 96001

City  
LOS ANGELESState  
CAZip Code  
90096-8000Purpose of Disbursement  
CREDIT CARD PAYMENT

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

329.42

Transaction ID : B85996394D2894CFFBF2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 96001

City  
LOS ANGELESState  
CAZip Code  
90096-8000Purpose of Disbursement  
BANK FEES REFUNDED

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 95.00

Transaction ID : B744D91A4F81D4DC19BF

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGINIA ABC**Mailing Address 50 N STAFFORD COMPLEX CENTER  
103City  
STAFFORDState  
VAZip Code  
22556-1902Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

268.80

Transaction ID : BE48E40454ADE46BA93A

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

329.42

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

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

PAGE 64 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

161.49

Transaction ID : B6654EA9CE45B43C9950

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE PROSPER GROUP**Mailing Address 150 W MARKET ST  
STE 500City  
INDIANAPOLISState  
INZip Code  
46204-2879Purpose of Disbursement  
DIGITAL CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : BB7EC967D72414D3CA03

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

158.49

Transaction ID : B177EFC53C3BD4122B6A

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

161.49

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



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

PAGE 65 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.23

Transaction ID : B3484FA24557644ECB6B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
STE. 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.48

Transaction ID : BE464E74B6919475DAF3

☒ 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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

25.23

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

69450.89

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

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. KENDRICK, BARRY, , ,**Mailing Address 244 FM 306  
STE 120City  
NEW BRAUNFELSState  
TXZip Code  
78130-5487Purpose of Disbursement  
REFUND: REFUND OF CONTRIBUTIONS

010

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B9233C0D0CC1748A6940

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UIHLEIN, RICHARD, , ,**

Mailing Address 1396 N WAUKEGAN RD

City  
LAKE FORESTState  
ILZip Code  
60045-1147Purpose of Disbursement  
REFUND: REFUND OF CONTRIBUTIONS

010

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : BF443B76EC1944C5EBFA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UIHLEIN, ELIZABETH, , ,**

Mailing Address 1396 N WAUKEGAN RD

City  
LAKE FORESTState  
ILZip Code  
60045-1147Purpose of Disbursement  
REFUND: REFUND OF CONTRIBUTIONS

010

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : B8F1394B4E8104578812

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

6300.00

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

6300.00

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

PAGE 67 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AMERICAN WATERWAYS OPERATORS-PAC**Mailing Address 801 N QUINCY ST  
STE 200City  
ARLINGTONState  
VAZip Code  
22203-1708Purpose of Disbursement  
REFUND: CONTRIBUTION REFUND

010

Candidate Name  
AMERICAN WATERWAYS OPERATORS-PACCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C C00034678

Amount of Each Disbursement this Period

1000.00

Transaction ID : B8B37C01DD0FA4CBB849

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JIM JORDAN FOR CONGRESS**

Mailing Address PO BOX 355

City  
DELAWAREState  
OHZip Code  
43015-0355Purpose of Disbursement  
REFUND: REFUND OF CONTRIBUTIONS

010

Candidate Name  
JORDAN, JAMES, D., ,Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 04

Date of Disbursement

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

FEC Identification Number

C C00416594

Amount of Each Disbursement this Period

2000.00

Transaction ID : B9D23EB4CFCAC4CE2893

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILWAUKEE POLICE ASSOCIATION PAC**

Mailing Address 6310 WEST BLUEMOUND ROAD

City  
MILWAUKEEState  
WIZip Code  
53213Purpose of Disbursement  
REFUND: REFUND OF CONTRIBUTIONS

010

Candidate Name  
MILWAUKEE POLICE ASSOCIATION PACCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00324673

Amount of Each Disbursement this Period

2000.00

Transaction ID : B09D0F2E3FF2D48BA87D

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

5000.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. THE REPUBLICAN WOMEN'S CLUB OF KATY**Mailing Address 9550 SPRING GREEN BLVD  
STE. 408-122City  
KATYState  
TXZip Code  
77494Purpose of Disbursement  
DONATION

012

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BD9F22B5DC2AF4B52919

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WEST PEARLAND REPUBLICAN WOMEN**

Mailing Address 8325 BROADWAY, STE. 202, BOX 27

City  
PEARLANDState  
TXZip Code  
77581Purpose of Disbursement  
DONATION

012

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BF0D88F41443440FDBBA

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAMAR EDUCATIONAL AWARDS FOUNDATION**

Mailing Address 3911 AVENUE I

City  
ROSENBERGState  
TXZip Code  
77471-3901Purpose of Disbursement  
DONATIONS

012

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8000.00

Transaction ID : B9BC1F5DCD7FE47819D3

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

13000.00

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

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

PAGE 69 OF 69

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

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NAME OF COMMITTEE (In Full)

NEHLS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. TPW FOUNDATION INC**

Mailing Address 1901 NORTH AKARD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City  
DALLASState  
TXZip Code  
75201-2305

FEC Identification Number

C

Purpose of Disbursement  
DONATION

012

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : B0D3B6D6149BF4766968

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

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).....▶

2500.00

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

15500.00