

**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

DR SAM FOR CONGRESS

ADDRESS (number and street)

1050 JOHNNIE DODDS BLVD

#341

Check if different
than previously
reported. (ACC)

MOUNT PLEASANT

SC

29465

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00919068

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

SC

01

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
06 / 09 / 2026in the
State of

SC

(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 / 2026

through

M M / D D / Y Y Y Y
05 / 20 / 2026*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 Cuddy, Brian, , Dr.,

Signature of Treasurer

Cuddy, Brian, , Dr.,

Date

M M / D D / Y Y Y Y
05 / 28 / 2026

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

DR SAM FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
05 / 20 / 2026

	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))	53239.07	329888.92
(b) Total Contribution Refunds (from Line 20(d))	574.24	574.24
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	52664.83	329314.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	525027.08	828577.86
(b) Total Offsets to Operating Expenditures (from Line 14)	400.20	856.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	524626.88	827720.96
8. Cash on Hand at Close of Reporting Period (from Line 27)	738969.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1249100.09	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DR SAM FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
05 / 20 / 2026**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).....

42422.78

307605.57

(ii) Unitemized

816.29

2283.35

(iii) TOTAL of contributions
from individuals ▶

43239.07

309888.92

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

10000.00

20000.00

(d) The Candidate

0.00

0.00

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

53239.07

329888.92

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1249100.09

(b) All Other Loans.....

0.00

0.00

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

0.00

1249100.09

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

400.20

856.90

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

0.00

0.00

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

53639.27

1579845.91

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.....	525027.08	828577.86
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	574.24	574.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	574.24	574.24
21. OTHER DISBURSEMENTS	3980.00	11724.77
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	529581.32	840876.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1214911.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53639.27
25. SUBTOTAL (add Line 23 and Line 24).....	1268550.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	529581.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	738969.04

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

PAGE 5 OF 42

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ashworth, Cary, , ,

A.

Mailing Address 8310 Sandlapper Way

City

Myrtle Beach

State

SC

Zip Code

29572

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 ▼

620.51

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		15		2026

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Burton, Lee, , ,

B.

Mailing Address 5614 Southern Pines Lane

City

Johns Island

State

SC

Zip Code

29455

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 Y Y
04		06		2026

Transaction ID : SA11AI.4819

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Campbell, Michael, , ,

C.

Mailing Address 181 Alljoy Rd

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Eye Doctor

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		18		2026

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

1000.00

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

2100.00

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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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Campbell, Scotty, , ,

A.

Mailing Address 713 E Main St

City

Lake City

State

SC

Zip Code

29560

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 18 2026

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Cassels III, W. Tobin, , ,

B.

Mailing Address PO Box 1691

City

Columbia

State

SC

Zip Code

29202

FEC ID number of contributing
federal political committee.

C

Name of Employer

SE Freight Lines of Columbia

Occupation

President

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2026

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Cassels Jr, W.T., , ,

C.

Mailing Address PO Box 1961

City

Columbia

State

SC

Zip Code

29202

FEC ID number of contributing
federal political committee.

C

Name of Employer

SE Freight Lines

Occupation

Chairman

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2026

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

10500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Griffith, Joseph, , ,

A.

Mailing Address 946 Johnnie Dodds Boulevard

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Joe Griffith Law Firm LLC

Occupation

Attorney

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 02 2026

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hardy, Jim, , ,

B.

Mailing Address 104 Enoree Ct.

City

Piedmont

State

SC

Zip Code

29673

FEC ID number of contributing
federal political committee.

C

Name of Employer

MountainView Medical Imaging

Occupation

Physician

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 23 2026

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period

1041.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hart, James, , ,

C.

Mailing Address 537 Chimney Bluff Dr

City

Mount Pleasant

State

SC

Zip Code

29464

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2026

Transaction ID : SA11AI.4802

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1791.02

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Hatchell, Terry, , ,

A.

Mailing Address 1901 North Street

City

Beaufort

State

SC

Zip Code

29901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surveying ConsultantsOccupation
Owner

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
04 22 2026

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lowell, Randy, , ,

B.

Mailing Address 5002 Palm Blvd

City

Isle of Palms

State

SC

Zip Code

29451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burr FornanOccupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2026

Transaction ID : SA11AI.4804

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lyles Jr., James, , ,

C.

Mailing Address 1937 W Palmetto St #4

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Real Estate

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
04 09 2026

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period

500.00

☐ Memo Item

5000.00

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)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

McDaniel, Michael, , ,

A.

Mailing Address 94 Old Oak Dr S

City

Palm Coast

State

FL

Zip Code

32137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aegis

Occupation

Engineer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 10 2026

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

1001.00



Memo Item

Full Name (Last, First, Middle Initial)

Miller, Matt, , ,

B.

Mailing Address 3906 Waterway Boulevard

City

Isle of Palms

State

SC

Zip Code

29451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2026

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period

520.51



Memo Item

Full Name (Last, First, Middle Initial)

Moran, Thomas, , ,

C.

Mailing Address 3751 Robert M Grissom Pkwy
Ste 300

City

Myrtle Beach

State

SC

Zip Code

29577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nelson Mullins

Occupation

Managing Partner

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
04 09 2026

Transaction ID : SA11AI.4777

Amount of Each Receipt this Period

2500.00



Memo Item

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

4021.51

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Northcutt, Charlie, , ,

A.

Mailing Address 1111 Chuck Dawley Boulevard

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

H.M. Northcutt Corp

Occupation

Sales

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

320.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 23 2026

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period

260.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

Pavy, Michael, , ,

B.

Mailing Address PO Box 3412

City

Florence

State

SC

Zip Code

29502

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLeod Health

Occupation

Doctor

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 09 2026

Transaction ID : SA11AI.4779

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Rand, John, , ,

C.

Mailing Address 1195 Longpoint Road

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Radiology

Occupation

Phsycian

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2026

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

3760.25

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

Use separate schedule(s)
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PAGE 11 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Shields, Katie, , ,

A. Mailing Address 313 Hobcaw Dr

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Builder

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 13 2026

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Strickland, Beth, , ,

B. Mailing Address 28 Coventry Ct

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

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 18 2026

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Tucker, Scott, , ,

C. Mailing Address 12 34th Avenue

City

Isle Of Palms

State

SC

Zip Code

29451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planet Technologies

Occupation
President

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
04 18 2026

Transaction ID : SA11AI.4808

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)..... ▶

2250.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Tuttle, Leslie, , ,

A.

Mailing Address 73 Rose Dhu Creek Plantations Dr

City

Bluffton

State

SC

Zip Code

29910

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 06 2026

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Vaughn III, James, , ,

B.

Mailing Address 21 Deixler Ln

City

Hilton Head

State

SC

Zip Code

29928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vaughn Business Systems LLC

Occupation

Self-Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2026

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Vitale, Louis, , ,

C.

Mailing Address 1100 Oyster View Ct

City

Mt Pleasant

State

SC

Zip Code

29466

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2026

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

100.00

☐ 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
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Wade, Drayton, , ,

A.

Mailing Address 593 Galera Ln

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reflection AI

Occupation
Tech

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 17 2026

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilkes, Michael, , ,

B.

Mailing Address 100 Dogwood Grove

City

Spartanburg

State

SC

Zip Code

29302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilkes Atkinson & JOyner LLC

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
04 09 2026

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WillisElgin II LLC

C.

Mailing Address 6112 Josie Ridge Rd

City

Wadmalaw Island

State

SC

Zip Code

29487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2026

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

1000.00

☐ Memo Item

JFC/Partnership

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

5000.00

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
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Willis, Scott, , ,

A.

Mailing Address 6112 Josie Ridge Rd

City

Wadmalaw Island

State

SC

Zip Code

29487

FEC ID number of contributing
federal political committee.

C

Name of Employer

WillisElgin II LLC

Occupation

Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2026

Transaction ID : SA11AI.4925.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Attributed to WillisElgin II LLC

Full Name (Last, First, Middle Initial)

WillisElgin II LLC

B.

Mailing Address 6112 Josie Ridge Rd

City

Wadmalaw Island

State

SC

Zip Code

29487

FEC 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 Y Y
05 01 2026

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

1500.00

☐ Memo Item

JFC/Partnership

Full Name (Last, First, Middle Initial)

Willis, Scott, , ,

C.

Mailing Address 6112 Josie Ridge Rd

City

Wadmalaw Island

State

SC

Zip Code

29487

FEC ID number of contributing
federal political committee.

C

Name of Employer

WillisElgin II LLC

Occupation

Owner

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
05 01 2026

Transaction ID : SA11AI.4927.0

Amount of Each Receipt this Period

1500.00

☒ Memo Item

Attributed to WillisElgin II LLC

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Zhang, Jing, ,

A.

Mailing Address 1706 Saint Julian Place

City

Columbia

State

SC

Zip Code

29204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Dermatology and Plastic Surg

Occupation

Physician

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
04 18 2026

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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)..... ▶

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

2500.00

42422.78

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

A.

Mailing Address 1201 PENNSYLVANIA AVE. NW

SUITE 540

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00359539

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
05 01 2026

Transaction ID : SA11C.4921

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

B.

Mailing Address 1650 DIAGONAL ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00306449

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 18 2026

Transaction ID : SA11C.4947

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO

C.

Mailing Address 317 MASSACHUSETTS AVE., N.E.

1ST FLOOR

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00343137

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 08 2026

Transaction ID : SA11C.4933

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

10000.00

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

10000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)
American Airlines

A. Mailing Address 4333 Amon Carter Blvd

City State Zip Code
Dallas TX 75261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

851.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2026

Transaction ID : SA14.4865

Amount of Each Receipt this Period

400.20

☐ Memo Item
Refund of Travel Expense

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)..... ▶

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

400.20

400.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

52610.63

Transaction ID : SB17.4849

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17705.03

Transaction ID : SB17.4879

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

29461.95

Transaction ID : SB17.4887

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

99777.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4975.00

Transaction ID : SB17.4893

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

112814.10

Transaction ID : SB17.4898

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

113733.25

Transaction ID : SB17.4948

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

231522.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

9950.00

Transaction ID : SB17.4999

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Breakwater Restaurant

Mailing Address 203 Carteret St

City
BeaufortState
SCZip Code
29902Purpose of Disbursement
Catering

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

319.66

Transaction ID : SB17.4862

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4836

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

13269.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

271.30

Transaction ID : SB17.4837

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4953

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

89.86

Transaction ID : SB17.4954

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

3361.16

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Circle K

Mailing Address 2701 S Irby St

Date of Disbursement

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

City
FlorenceState
SCZip Code
29505

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.93

Transaction ID : SB17.4833

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Circle K

Mailing Address 2701 S Irby St

Date of Disbursement

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

City
FlorenceState
SCZip Code
29505

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

80.44

Transaction ID : SB17.4881

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Circle K

Mailing Address 2701 S Irby St

Date of Disbursement

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

City
FlorenceState
SCZip Code
29505

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

77.97

Transaction ID : SB17.4961

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

259.34

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

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Drake Strategies

Mailing Address 730 Natchez Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6500.00

Transaction ID : SB17.4834

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Drake Strategies

Mailing Address 730 Natchez Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

127.22

Transaction ID : SB17.4835

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Drake Strategies

Mailing Address 730 Natchez Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6500.00

Transaction ID : SB17.4952

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

13127.22

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Fundraising/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4870

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Fundraising Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2060.00

Transaction ID : SB17.4871

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Fundraising/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4970

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

12060.00

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

224.20

Transaction ID : SB17.4971

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. First Reliance Bank

Mailing Address 800 S Shellmore Blvd

City
Mt PleasantState
SCZip Code
29464Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

230.00

Transaction ID : SB17.4826

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Reliance Bank

Mailing Address 800 S Shellmore Blvd

City
Mt PleasantState
SCZip Code
29464Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.4987

☐ Memo Item

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

574.20

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FP1 Strategies LLCMailing Address 3000 Washington Blvd
7th FloorCity
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Tv Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.4872

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FP1 Strategies LLCMailing Address 3000 Washington Blvd
7th FloorCity
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

34000.00

Transaction ID : SB17.4847

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FP1 Strategies LLCMailing Address 3000 Washington Blvd
7th FloorCity
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

14140.00

Transaction ID : SB17.4888

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

58140.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Horsman, Jacques, , ,

Mailing Address 849 Farm Quarter Road

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

790.00

Transaction ID : SB17.5001

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. InField Strategies

Mailing Address 333 H St Ste 5000

City
Chula VistaState
CAZip Code
91910Purpose of Disbursement
Canvassing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

20025.00

Transaction ID : SB17.4843

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. InField Strategies

Mailing Address 333 H St Ste 5000

City
Chula VistaState
CAZip Code
91910Purpose of Disbursement
Canvassing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5025.00

Transaction ID : SB17.4973

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

25840.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Markwald, Maxwell, , ,

Mailing Address 384 Rice Hope Dr

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

730.00

Transaction ID : SB17.4968

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martin, Wesley, , ,

Mailing Address 3020 Allen Rd

City
EffinghamState
SCZip Code
29541Purpose of Disbursement
Campaign Worker

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4851

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Martin, Wesley, , ,

Mailing Address 3020 Allen Rd

City
EffinghamState
SCZip Code
29541Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

87.45

Transaction ID : SB17.4908

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

3817.45

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Martin, Wesley, , ,

Mailing Address 3020 Allen Rd

City
EffinghamState
SCZip Code
29541Purpose of Disbursement
Campaign Worker

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5024

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCOWN, SAM DR, , ,Mailing Address 1050 JOHNNIE DODDS BLVD
#341City
MOUNT PLEASANTState
SCZip Code
29465Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: SC

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C H6SC01276

Amount of Each Disbursement this Period

575.26

Transaction ID : SB17.4896

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 1200 East Algonquin Road

City
Elk Grove VillageState
ILZip Code
60007Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

415.40

Transaction ID : SB17.4896.2

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

3575.26

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)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. O'Brion Pub & Grille

Mailing Address 361 N Shelmore

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

105.71

Transaction ID : SB17.4972

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Political Financial Management, LLCMailing Address 95 White Bridge Rd
Ste 207City
NashvilleState
TNZip Code
37205Purpose of Disbursement
Compliance/Accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4852

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Political Financial Management, LLCMailing Address 95 White Bridge Rd
Ste 207City
NashvilleState
TNZip Code
37205Purpose of Disbursement
Compliance/Accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4959

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

4605.71

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Push Digital Group

Mailing Address 342 East Bay St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2026

City
CharlestonState
SCZip Code
29401

FEC Identification Number

C

Purpose of Disbursement
Website Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1262.50

Transaction ID : SB17.4840

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Push Digital Group

Mailing Address 342 East Bay St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

City
CharlestonState
SCZip Code
29401

FEC Identification Number

C

Purpose of Disbursement
Digital Admin/Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4880

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Push Digital Group

Mailing Address 342 East Bay St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2026

City
CharlestonState
SCZip Code
29401

FEC Identification Number

C

Purpose of Disbursement
Digital/Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.4958

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

7662.50

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Red Oak Strategic LLC

Mailing Address 312 Calvert Ave

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Research/Polling

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

22500.00

Transaction ID : SB17.4949

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SalientPoint LLC

Mailing Address PO Box 960743

City
BostonState
MAZip Code
02196Purpose of Disbursement
Communications/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4827

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SalientPoint LLC

Mailing Address PO Box 960743

City
BostonState
MAZip Code
02196Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

800.67

Transaction ID : SB17.4829

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

28300.67

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Blvd

Date of Disbursement

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

City
DallasState
TXZip Code
75261

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

754.67

Transaction ID : SB17.4829.1

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Tractor Supply

Mailing Address 4765 North Hwy 7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

City
AwendawState
SCZip Code
29429

FEC Identification Number

C

Purpose of Disbursement
Sign Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

427.93

Transaction ID : SB17.4894

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

Date of Disbursement

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

City
DavenportState
IAZip Code
52802

FEC Identification Number

C

Purpose of Disbursement
Signs

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3946.89

Transaction ID : SB17.4911

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

4374.82

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4912

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Palm Cards

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4007.25

Transaction ID : SB17.4892

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4960

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

12007.25

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Digital Advertising

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.5003

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Voter Data

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

697.59

Transaction ID : SB17.5004

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technologies

Mailing Address 330 N Washington St

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

459.39

Transaction ID : SB17.4825

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

1356.98

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WinRed Technologies

Mailing Address 330 N Washington St

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.90

Transaction ID : SB17.4988

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

255.90

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

523888.08

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☒ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Beaufort County Republican PartyMailing Address 149 Riverwalk Blvd
Ste 11City
RidgelandState
SCZip Code
29936Purpose of Disbursement
Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	20	2026

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.5008

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTH CAROLINA REPUBLICAN PARTY

Mailing Address 1913 MARION ST.

City
COLUMBIAState
SCZip Code
29201Purpose of Disbursement
Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	07	2026

FEC Identification Number

C C00034033

Amount of Each Disbursement this Period

3480.00

Transaction ID : SB21.4842

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3980.00

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

3980.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 18 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.09

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.09

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 25 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.09

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 40 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

765000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

765000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

765000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 41 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4410

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

134000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

134000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 30 / 2025

M M / D D / Y Y Y Y

1/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

134000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 42 OF 42

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4599

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2026

M M / D D / Y Y Y Y

01/31/2039

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

250000.00

TOTALS This Period (last page in this line only).....▶

1249100.09

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.