

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

Office Use Only

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

12FE4M5

Polsinelli PAC

ADDRESS (number and street)

1401 Eye Street NW

Suite 800

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00445981

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2025

09

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

Fletcher, Scott, , ,

Signature of Treasurer

Fletcher, Scott, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y

10

07

2025

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Polsinelli PAC

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2025 | | 135316.75 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 136380.85 | |
| (c) Total Receipts (from Line 19) | 13688.46 | 37752.56 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 150069.31 | 173069.31 |
| 7. Total Disbursements (from Line 31) | 19000.00 | 42000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 131069.31 | 131069.31 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Polsinelli PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2025

To:

M M / D D / Y Y Y Y Y
09 30 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

13650.96

34583.24

(ii) Unitemized

37.50

3169.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

13688.46

37752.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

13688.46

37752.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

13688.46

37752.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

13688.46

37752.56

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17000.00 | 40000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 2000.00 | 2000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 19000.00 | 42000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19000.00 | 42000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 13688.46 | 37752.56 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13688.46 | 37752.56 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 43

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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)

Polsinelli PAC

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

A. Alexander, Sherri, T., ,

Mailing Address 6914 Shook Ave

City
DallasState
TXZip Code
75214-3822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487465**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Alexander, Sherri, T., ,

Mailing Address 6914 Shook Ave

City
DallasState
TXZip Code
75214-3822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588681**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Alexander, Sherri, T., ,

Mailing Address 6914 Shook Ave

City
DallasState
TXZip Code
75214-3822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739011**

Amount of Each Receipt this Period

50.00

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Anderson, Alan, C., ,

Mailing Address 4624 Muirfield Dr

City
LawrenceState
KSZip Code
66047-1818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487466**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Anderson, Alan, C., ,

Mailing Address 4624 Muirfield Dr

City
LawrenceState
KSZip Code
66047-1818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588682**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Anderson, Alan, C., ,

Mailing Address 4624 Muirfield Dr

City
LawrenceState
KSZip Code
66047-1818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739012**

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 43

(check only one)

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| <input checked="checked" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Bierman, Jonathan, A., ,

Mailing Address 7600 Cornell Ave

City
Saint LouisState
MOZip Code
63130-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487467**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Bierman, Jonathan, A., ,

Mailing Address 7600 Cornell Ave

City
Saint LouisState
MOZip Code
63130-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588683**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Bierman, Jonathan, A., ,

Mailing Address 7600 Cornell Ave

City
Saint LouisState
MOZip Code
63130-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739013**

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 43

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Bonaccorsi, Mary, Clare, ,

Mailing Address 623 Jackson Ave

City
River ForestState
ILZip Code
60305-1805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487468**

Amount of Each Receipt this Period

416.00

☐ Memo Item

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

B. Bonaccorsi, Mary, Clare, ,

Mailing Address 623 Jackson Ave

City
River ForestState
ILZip Code
60305-1805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588684**

Amount of Each Receipt this Period

416.00

☐ Memo Item

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

C. Bonaccorsi, Mary, Clare, ,

Mailing Address 623 Jackson Ave

City
River ForestState
ILZip Code
60305-1805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3744.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739014**

Amount of Each Receipt this Period

416.00

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

1248.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Caro, Frank, A., , Jr

Mailing Address 12313 Catalina St

City
LeawoodState
KSZip Code
66209-2215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487469**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Caro, Frank, A., , Jr

Mailing Address 12313 Catalina St

City
LeawoodState
KSZip Code
66209-2215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588685**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Caro, Frank, A., , Jr

Mailing Address 12313 Catalina St

City
LeawoodState
KSZip Code
66209-2215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739015**

Amount of Each Receipt this Period

300.00

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

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Clark, Brooks, S., ,Mailing Address 108 E 86th St
Apt 13SCity
New YorkState
NYZip Code
10028-1029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487470**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Clark, Brooks, S., ,Mailing Address 108 E 86th St
Apt 13SCity
New YorkState
NYZip Code
10028-1029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588686**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Clark, Brooks, S., ,Mailing Address 108 E 86th St
Apt 13SCity
New YorkState
NYZip Code
10028-1029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739016**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Evans, Jennifer, L., ,

Mailing Address 5335 Montview Blvd

City
DenverState
COZip Code
80207-3850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487471**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Evans, Jennifer, L., ,

Mailing Address 5335 Montview Blvd

City
DenverState
COZip Code
80207-3850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588687**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Evans, Jennifer, L., ,

Mailing Address 5335 Montview Blvd

City
DenverState
COZip Code
80207-3850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739017**

Amount of Each Receipt this Period

125.00

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

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Feigen, Philip, G., ,

Mailing Address 9116 Cranford Dr

City
PotomacState
MDZip Code
20854-2227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487472**

Amount of Each Receipt this Period

41.00

☐ Memo Item

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

B. Feigen, Philip, G., ,

Mailing Address 9116 Cranford Dr

City
PotomacState
MDZip Code
20854-2227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588688**

Amount of Each Receipt this Period

41.00

☐ Memo Item

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

C. Feigen, Philip, G., ,

Mailing Address 9116 Cranford Dr

City
PotomacState
MDZip Code
20854-2227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739018**

Amount of Each Receipt this Period

41.00

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

123.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Franke, Paul, V., ,

Mailing Address 6418 S Parfet Way

City
LittletonState
COZip Code
80127-2414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487473**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Franke, Paul, V., ,

Mailing Address 6418 S Parfet Way

City
LittletonState
COZip Code
80127-2414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588689**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Franke, Paul, V., ,

Mailing Address 6418 S Parfet Way

City
LittletonState
COZip Code
80127-2414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739019**

Amount of Each Receipt this Period

60.00

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

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Gaba, Michael, M., ,

Mailing Address 5202 Wissioming Rd

City
BethesdaState
MDZip Code
20816-3146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487474**

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Gaba, Michael, M., ,

Mailing Address 5202 Wissioming Rd

City
BethesdaState
MDZip Code
20816-3146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588690**

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

C. Gaba, Michael, M., ,

Mailing Address 5202 Wissioming Rd

City
BethesdaState
MDZip Code
20816-3146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739020**

Amount of Each Receipt this Period

416.66

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

1249.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Gibson, James, B., ,

Mailing Address 11200 Rosewood St

City
LeawoodState
KSZip Code
66211-1766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487475**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Gibson, James, B., ,

Mailing Address 11200 Rosewood St

City
LeawoodState
KSZip Code
66211-1766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588691**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Gibson, James, B., ,

Mailing Address 11200 Rosewood St

City
LeawoodState
KSZip Code
66211-1766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739021**

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Guttilla, Phillip, P., ,

Mailing Address 21811 N 37th Ter

City
PhoenixState
AZZip Code
85050-4958FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487476**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Guttilla, Phillip, P., ,

Mailing Address 21811 N 37th Ter

City
PhoenixState
AZZip Code
85050-4958FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588692**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Guttilla, Phillip, P., ,

Mailing Address 21811 N 37th Ter

City
PhoenixState
AZZip Code
85050-4958FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739022**

Amount of Each Receipt this Period

150.00

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Guy, Robert, A., , Jr

Mailing Address 112 Steeplechase Ln

City
NashvilleState
TNZip Code
37221-4312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487477**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Guy, Robert, A., , Jr

Mailing Address 112 Steeplechase Ln

City
NashvilleState
TNZip Code
37221-4312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588693**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Guy, Robert, A., , Jr

Mailing Address 112 Steeplechase Ln

City
NashvilleState
TNZip Code
37221-4312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739023**

Amount of Each Receipt this Period

50.00

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Hansen, Amy, K., ,

Mailing Address 2821 N Xenia St

City
DenverState
COZip Code
80238-2654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487478**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Hansen, Amy, K., ,

Mailing Address 2821 N Xenia St

City
DenverState
COZip Code
80238-2654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588694**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Hansen, Amy, K., ,

Mailing Address 2821 N Xenia St

City
DenverState
COZip Code
80238-2654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739024**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Henderson, Jonathan, K., ,

Mailing Address 2901 Park Hill Dr

City
Fort WorthState
TXZip Code
76109-1142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487479**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Henderson, Jonathan, K., ,

Mailing Address 2901 Park Hill Dr

City
Fort WorthState
TXZip Code
76109-1142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588695**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Henderson, Jonathan, K., ,

Mailing Address 2901 Park Hill Dr

City
Fort WorthState
TXZip Code
76109-1142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739025**

Amount of Each Receipt this Period

85.00

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

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Hillman, Margaret, H., ,

Mailing Address 929 Kimswick Manor Ln

City
BallwinState
MOZip Code
63011-5117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487480**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hillman, Margaret, H., ,

Mailing Address 929 Kimswick Manor Ln

City
BallwinState
MOZip Code
63011-5117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588696**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Hillman, Margaret, H., ,

Mailing Address 929 Kimswick Manor Ln

City
BallwinState
MOZip Code
63011-5117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739026**

Amount of Each Receipt this Period

50.00

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Hobson, Julius, W., , JrMailing Address 3600 38th St NW
Apt A271City
WashingtonState
DCZip Code
20016-2915FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinielli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487481**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Hobson, Julius, W., , JrMailing Address 3600 38th St NW
Apt A271City
WashingtonState
DCZip Code
20016-2915FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinielli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588697**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Hobson, Julius, W., , JrMailing Address 3600 38th St NW
Apt A271City
WashingtonState
DCZip Code
20016-2915FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinielli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739027**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Holladay, Kolin, B., ,

Mailing Address 16 Annandale

City
NashvilleState
TNZip Code
37215-5818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : 19487482

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

B. Holladay, Kolin, B., ,

Mailing Address 16 Annandale

City
NashvilleState
TNZip Code
37215-5818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025

Transaction ID : 19588698

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Holladay, Kolin, B., ,

Mailing Address 16 Annandale

City
NashvilleState
TNZip Code
37215-5818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID : 19739028

Amount of Each Receipt this Period

41.66

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

124.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Jacobs, Greg, S., ,

Mailing Address 10908 Larkmeade Ln

City
PotomacState
MDZip Code
20854-2785FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487483**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Jacobs, Greg, S., ,

Mailing Address 10908 Larkmeade Ln

City
PotomacState
MDZip Code
20854-2785FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588699**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Jacobs, Greg, S., ,

Mailing Address 10908 Larkmeade Ln

City
PotomacState
MDZip Code
20854-2785FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739029**

Amount of Each Receipt this Period

75.00

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Maxwell, Korb, W., ,Mailing Address 2120 Wyandotte St
Apt 22City
Kansas CityState
MOZip Code
64108-2316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487484**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Maxwell, Korb, W., ,Mailing Address 2120 Wyandotte St
Apt 22City
Kansas CityState
MOZip Code
64108-2316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588700**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Maxwell, Korb, W., ,Mailing Address 2120 Wyandotte St
Apt 22City
Kansas CityState
MOZip Code
64108-2316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739030**

Amount of Each Receipt this Period

250.00

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Murer, Matthew, J., ,

Mailing Address 1454 W Berteau Ave

City
ChicagoState
ILZip Code
60613-1915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487485**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Murer, Matthew, J., ,

Mailing Address 1454 W Berteau Ave

City
ChicagoState
ILZip Code
60613-1915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588701**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Murer, Matthew, J., ,

Mailing Address 1454 W Berteau Ave

City
ChicagoState
ILZip Code
60613-1915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739031**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Murray, Richard, M., ,

Mailing Address 10054 Royal Eagle Ln

City
Highlands RanchState
COZip Code
80129-5655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487486**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Murray, Richard, M., ,

Mailing Address 10054 Royal Eagle Ln

City
Highlands RanchState
COZip Code
80129-5655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588702**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Murray, Richard, M., ,

Mailing Address 10054 Royal Eagle Ln

City
Highlands RanchState
COZip Code
80129-5655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739032**

Amount of Each Receipt this Period

40.00

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 43

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Nasharr, Anthony, J., , III

Mailing Address 520 E 1st St

City
HinsdaleState
ILZip Code
60521-4767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487487**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Nasharr, Anthony, J., , III

Mailing Address 520 E 1st St

City
HinsdaleState
ILZip Code
60521-4767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588703**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Nasharr, Anthony, J., , III

Mailing Address 520 E 1st St

City
HinsdaleState
ILZip Code
60521-4767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shalton Flanigan SuelthausOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739033**

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Owen, Daniel, D., ,

Mailing Address 12207 Gillette St

City
Overland ParkState
KSZip Code
66213-4815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487488**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Owen, Daniel, D., ,

Mailing Address 12207 Gillette St

City
Overland ParkState
KSZip Code
66213-4815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588704**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Owen, Daniel, D., ,

Mailing Address 12207 Gillette St

City
Overland ParkState
KSZip Code
66213-4815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739034**

Amount of Each Receipt this Period

100.00

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Peters, Iliana, L., ,

Mailing Address 1204 E Holly Ave

City
SterlingState
VAZip Code
20164-2612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487490**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Peters, Iliana, L., ,

Mailing Address 1204 E Holly Ave

City
SterlingState
VAZip Code
20164-2612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588706**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Peters, Iliana, L., ,

Mailing Address 1204 E Holly Ave

City
SterlingState
VAZip Code
20164-2612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739036**

Amount of Each Receipt this Period

25.00

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Petersen, Curtis, J., ,

Mailing Address 14101 Nieman Rd

City

Overland Park

State

KS

Zip Code

66221-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487491**

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

B. Petersen, Curtis, J., ,

Mailing Address 14101 Nieman Rd

City

Overland Park

State

KS

Zip Code

66221-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588707**

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

C. Petersen, Curtis, J., ,

Mailing Address 14101 Nieman Rd

City

Overland Park

State

KS

Zip Code

66221-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739037**

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Romine, Rebecca, F., ,

Mailing Address 674 Westchester Ct

City
Saint LouisState
MOZip Code
63122-1027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : 19487492

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Romine, Rebecca, F., ,

Mailing Address 674 Westchester Ct

City
Saint LouisState
MOZip Code
63122-1027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025

Transaction ID : 19588708

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Romine, Rebecca, F., ,

Mailing Address 674 Westchester Ct

City
Saint LouisState
MOZip Code
63122-1027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : 19739038

Amount of Each Receipt this Period

25.00

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Schmidt, John, S, ,

Mailing Address 6025 Cherokee Dr

City

Fairway

State

KS

Zip Code

66205-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487493**

Amount of Each Receipt this Period

42.00

☐

Memo Item

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

B. Schmidt, John, S, ,

Mailing Address 6025 Cherokee Dr

City

Fairway

State

KS

Zip Code

66205-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588709**

Amount of Each Receipt this Period

42.00

☐

Memo Item

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

C. Schmidt, John, S, ,

Mailing Address 6025 Cherokee Dr

City

Fairway

State

KS

Zip Code

66205-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Polsinelli Shughart PC

Occupation (for Individual)

Attorney

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739039**

Amount of Each Receipt this Period

42.00

☐

Memo Item

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

126.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Simmons, Chase, F., ,

Mailing Address 5521 Mission Dr

City
Mission HillsState
KSZip Code
66208-1133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487494**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Simmons, Chase, F., ,

Mailing Address 5521 Mission Dr

City
Mission HillsState
KSZip Code
66208-1133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588710**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Simmons, Chase, F., ,

Mailing Address 5521 Mission Dr

City
Mission HillsState
KSZip Code
66208-1133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739040**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Sporidis, Harry, A., ,

Mailing Address 10124 Sorrel Ave

City
PotomacState
MDZip Code
20854-5010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487495**

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

B. Sporidis, Harry, A., ,

Mailing Address 10124 Sorrel Ave

City
PotomacState
MDZip Code
20854-5010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588711**

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

C. Sporidis, Harry, A., ,

Mailing Address 10124 Sorrel Ave

City
PotomacState
MDZip Code
20854-5010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Senior Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1872.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739041**

Amount of Each Receipt this Period

208.00

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

624.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Streicker, David, D., ,

Mailing Address 2516 Ridgeway Ave

City
EvanstonState
ILZip Code
60201-1160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487496**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Streicker, David, D., ,

Mailing Address 2516 Ridgeway Ave

City
EvanstonState
ILZip Code
60201-1160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588712**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Streicker, David, D., ,

Mailing Address 2516 Ridgeway Ave

City
EvanstonState
ILZip Code
60201-1160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PolsinelliOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739042**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Weller, Mark, W., ,

Mailing Address 2669 Glencroft Rd

City
ViennaState
VAZip Code
22181-5319FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487497**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Weller, Mark, W., ,

Mailing Address 2669 Glencroft Rd

City
ViennaState
VAZip Code
22181-5319FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588713**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Weller, Mark, W., ,

Mailing Address 2669 Glencroft Rd

City
ViennaState
VAZip Code
22181-5319FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli Shughart PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739043**

Amount of Each Receipt this Period

200.00

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

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

A. Wylie, Susan, M., ,

Mailing Address 13915 W 48th Ter

City
ShawneeState
KSZip Code
66216-1115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : 19487498**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Wylie, Susan, M., ,

Mailing Address 13915 W 48th Ter

City
ShawneeState
KSZip Code
66216-1115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2025**Transaction ID : 19588714**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Wylie, Susan, M., ,

Mailing Address 13915 W 48th Ter

City
ShawneeState
KSZip Code
66216-1115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Polsinelli PCOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : 19739044**

Amount of Each Receipt this Period

100.00

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

300.00

13650.96

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

PAGE 39 OF 43

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)

Polsinelli PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Mailing Address PO Box 1131

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 21 | | 2025 |

City
GreenvilleState
NCZip Code
27835-1131

FEC Identification Number

C C00697649**Transaction ID : 500095302**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

MURPHY, GREGORY, DR., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 03

Full Name (Last, First, Middle Initial)

B. Kansans for Marshall

Mailing Address PO Box 1588

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2025 |

City
Great BendState
KSZip Code
67530-1588

FEC Identification Number

C C00576173**Transaction ID : 500097110**

Amount of Each Disbursement this Period

2500.00

campaign contribution

☐ Memo Item

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

MARSHALL, ROGER, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

Full Name (Last, First, Middle Initial)

C. Kansans for Marshall

Mailing Address PO Box 1588

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2025 |

City
Great BendState
KSZip Code
67530-1588

FEC Identification Number

C C00576173**Transaction ID : 500097111**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

MARSHALL, ROGER, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

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

4500.00

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

PAGE 40 OF 43

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)

Polsinelli PAC

Full Name (Last, First, Middle Initial)

A. Lori Trahan for Congress Committee

Mailing Address PO Box 1161

City
LowellState
MAZip Code
01853-1161

Purpose of Disbursement

campaign contribution

Candidate Name

TRAHAN, LORI, , ,

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: MA

District: 03

Date of Disbursement

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

FEC Identification Number

C C00655647**Transaction ID : 500096650**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Trahan for Congress Committee

Mailing Address PO Box 1161

City
LowellState
MAZip Code
01853-1161

Purpose of Disbursement

campaign contribution

Candidate Name

TRAHAN, LORI, , ,

Office Sought:

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

Disbursement For: 2026

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

State: MA

District: 03

Date of Disbursement

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

FEC Identification Number

C C00655647**Transaction ID : 500096651**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address PO Box 1738

City
SacramentoState
CAZip Code
95812-1738

Purpose of Disbursement

campaign contribution

Candidate Name

Matsui, Doris, , ,

Office Sought:

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

Disbursement For: 2026

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

State: CA

District: 05

Date of Disbursement

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

FEC Identification Number

C C00409219**Transaction ID : 500097177**

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

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

PAGE 41 OF 43

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

Full Name (Last, First, Middle Initial)

A. Mike Kelly for Congress

Mailing Address PO Box 476

City
LyndoraState
PAZip Code
16045-0476

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

KELLY, GEORGE J JR, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 03

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 7 | | | 2 | 0 | 2 | 5 | |

FEC Identification Number

C C00474189

Transaction ID : 500096353

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MILLER-MEEKS FOR CONGRESS

Mailing Address 11674 90th St

City
OttumwaState
IAZip Code
52501-8310

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

MILLER-MEEKS, MARIANNETTE, JANE, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: IA

District: 01

Date of Disbursement

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

FEC Identification Number

C C00441774

Transaction ID : 500096649

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RUDY FOR INDIANA

Mailing Address PO Box 26141

City
AlexandriaState
VAZip Code
22313-6141

Purpose of Disbursement

campaign contribution

011

Category/
Type

Candidate Name

Yakym, Rudy, III, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 02

Date of Disbursement

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

FEC Identification Number

C C00822767

Transaction ID : 500096334

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

Full Name (Last, First, Middle Initial)

A. Tim Scott for Senate

Mailing Address 1405 Ashley River Rd

City
CharlestonState
SCZip Code
29407-5305Purpose of Disbursement
campaign contribution

011

Category/
Type

Candidate Name

SCOTT, TIMOTHY, E.,

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: SC

District: 00

Date of Disbursement

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

FEC Identification Number

C C00540302

Transaction ID : 500096335

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 | M | / | D | D | D | / | Y | Y | 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:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1500.00

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

17000.00

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

PAGE 43 OF 43

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Polsinelli PAC

Full Name (Last, First, Middle Initial)

A. LAUREL LEE FOR CONGRESS, INC.

Mailing Address PO Box 47556

City
TampaState
FLZip Code
33646-0139

Purpose of Disbursement

campaign contribution

Candidate Name

011

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

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

FEC Identification Number

C

Transaction ID : 500094981

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2000.00

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

2000.00