

**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

Sullivan County First PAC

ADDRESS (number and street)

4307 N Roan St

Ste 10 Pmb 1003

Check if different
than previously
reported. (ACC)

Johnson City

TN

37615

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00936690

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Boles, Jason, D, ,

Signature of Treasurer

Boles, Jason, D, ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Sullivan County First PAC

Report Covering the Period:

From:

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

To:

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

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).....	168000.00	168000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	168000.00	168000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	168000.00	168000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	168000.00	168000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	168000.00	168000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15827.30	15827.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15827.30	15827.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	116606.00	116606.00
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).....	23772.00	23772.00
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)) ..	156205.30	156205.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	156205.30	156205.30

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)	168000.00	168000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	168000.00	168000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	15827.30	15827.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	15827.30	15827.30

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

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

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☐ 17

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

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

A. Safe Streets Safe Communities

Mailing Address P.O. Box 17237

City
Arlington

State
VA

Zip Code
22216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : A-18

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

B. The American Exceptionalism Institute Inc

Mailing Address 5510 Cherokee Avenue
Suite 300

City
Alexandria

State
VA

Zip Code
22312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2026

Transaction ID : A-4

Amount of Each Receipt this Period

118000.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

168000.00

168000.00

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

PAGE 7 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Integrated Solutions: PoliticalMailing Address 4142 Adams Avenue
Suite 103-550City
San DiegoState
CAZip Code
92116

Purpose of Disbursement

Campaign finance software

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-13

Amount of Each Disbursement this Period

2214.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Integrated Solutions: PoliticalMailing Address 4142 Adams Avenue
Suite 103-550City
San DiegoState
CAZip Code
92116

Purpose of Disbursement

Software

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-26

Amount of Each Disbursement this Period

1325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Integrated Solutions: PoliticalMailing Address 4142 Adams Avenue
Suite 103-550City
San DiegoState
CAZip Code
92116

Purpose of Disbursement

Software

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-32

Amount of Each Disbursement this Period

1250.00

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

4789.29

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

PAGE 8 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Tabularius Compliance LLCMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Compliance consulting professional treasury regulatory reporting

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-25

Amount of Each Disbursement this Period

2350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tabularius Compliance LLCMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Compliance consulting treasury and regulatory reporting

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 29 / 2026

FEC Identification Number

C

Transaction ID : B-28

Amount of Each Disbursement this Period

2350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tabularius Compliance LLCMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Compliance consulting treasury and regulatory reporting

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 29 / 2026

FEC Identification Number

C

Transaction ID : B-29

Amount of Each Disbursement this Period

3939.29

☐ Memo Item

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

8639.29

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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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Tabularius Compliance LLCMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Compliance consulting professional treasury regulatory reporting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-31

Amount of Each Disbursement this Period

2350.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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)..... ►

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

2350.00

15778.58

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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☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Armada Strategies, LLCMailing Address 3742 North Federal Highway
#1032City
Lighthouse PointState
FLZip Code
33064

Purpose of Disbursement

Cable advertising to support

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-19

Amount of Each Disbursement this Period

12500.00

☒ Memo Item Additional Contribution Made
information related to Debt
Payment in the period

Full Name (Last, First, Middle Initial)

B. Armada Strategies, LLCMailing Address 3742 North Federal Highway
#1032City
Lighthouse PointState
FLZip Code
33064

Purpose of Disbursement

Advertising to support

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-35

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Armada Strategies, LLCMailing Address 3742 North Federal Highway
#1032City
Lighthouse PointState
FLZip Code
33064

Purpose of Disbursement

Broadcast advertising to support

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-6

Amount of Each Disbursement this Period

80000.00

☒ Memo Item Additional Contribution Made
information related to Debt
Payment in the period

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

12500.00

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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☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Catamaran ConsultingMailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Purpose of Disbursement

Mass mailer

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-22

Amount of Each Disbursement this Period

11272.00

☒ Memo Item Additional Contribution Made
information related to Debt
Payment in the period

Full Name (Last, First, Middle Initial)

B. Catamaran ConsultingMailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Purpose of Disbursement

Non-federal direct mail

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District: 00

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-23

Amount of Each Disbursement this Period

11272.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catamaran ConsultingMailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Purpose of Disbursement

Direct to support

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-7

Amount of Each Disbursement this Period

10163.00

☒ Memo Item Additional Contribution Made
information related to Debt
Payment in the period

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

11272.00

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 12 OF 17

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Sullivan County First PAC

Full Name (Last, First, Middle Initial)

A. Catamaran ConsultingMailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Purpose of Disbursement

Direct mail to support

004

Candidate Name

Angie Stanley for Sullivan County Mayor

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-8

Amount of Each Disbursement this Period

13943.00

☒ Memo Item Additional Contribution Made
information related to Debt
Payment in the period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	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:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

0.00

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

23772.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Sullivan County First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Armada Strategies, LLC

Nature of Debt (Purpose):

Cable advertising - non-federal

Mailing Address 3742 North Federal Highway
#1032City
Lighthouse PointState
FLZip Code
33064

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-17

Amount Incurred This Period

12500.00

Payment This Period

12500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Armada Strategies, LLC

Nature of Debt (Purpose):

Broadcast advertising - non-federal local
electionMailing Address 3742 North Federal Highway
#1032City
Lighthouse PointState
FLZip Code
33064

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-3

Amount Incurred This Period

80000.00

Payment This Period

80000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catamaran Consulting

Nature of Debt (Purpose):

Non-federal direct mail

Mailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1

Amount Incurred This Period

10163.00

Payment This Period

10163.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Sullivan County First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catamaran Consulting

Nature of Debt (Purpose):

Non-federal direct mail

Mailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-2

Amount Incurred This Period

13943.00

Payment This Period

13943.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Catamaran Consulting

Nature of Debt (Purpose):

Non-federal direct mail

Mailing Address 1920 Hillhurst Avenue
#1159City
Los AngelesState
CAZip Code
90027

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-21

Amount Incurred This Period

11272.00

Payment This Period

11272.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tabularius Compliance LLC

Nature of Debt (Purpose):

Compliance consulting professional treasury
regulatory reportingMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-10

Amount Incurred This Period

2350.00

Payment This Period

2350.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

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

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Sullivan County First PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Tabularius Compliance LLC

Nature of Debt (Purpose):

Compliance consulting professional treasury
regulatory reportingMailing Address 126 C Street Northwest
Third FloorCity
WashingtonState
DCZip Code
20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-11

Amount Incurred This Period

3939.29

Payment This Period

3939.29

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

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

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Sullivan County First PAC		FEC IDENTIFICATION NUMBER ▼ CC00936690	
Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee Armada Strategies, LLC ☐ Memo Item Debt Payment. See additional transactions for Independent Expenditure details. Mailing Address 3742 North Federal Highway #1032 City State Zip Code Lighthouse Point FL 33064 Purpose of Expenditure Cable advertising - non-federal Category/Type 004		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Amount 12500.00 Transaction ID : E-20 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: See, Memo, , , ☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
Full Name of Payee Armada Strategies, LLC ☐ Memo Item Debt Payment. See additional transactions for Independent Expenditure details. Mailing Address 3742 North Federal Highway #1032 City State Zip Code Lighthouse Point FL 33064 Purpose of Expenditure Broadcast advertising - non-federal local election Category/Type 004		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Amount 80000.00 Transaction ID : E-5 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: See, Memo, , , ☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		92500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Boles, Jason, D, ,		Date M M / D D / Y Y Y Y Y Y	

