

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**
THE 218 PROJECT

ADDRESS (number and street) **5517 UPPINGHAM STREET, P.O. BOX 20**
 Check if different than previously reported. (ACC) **BETHESDA MD 20815**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00915520 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **02 / 05 / 2026** in the State of **NJ**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **07 / 01 / 2025** through **01 / 16 / 2026**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **RAND, DOUG, , ,**

Signature of Treasurer **RAND, DOUG, , ,** Date **01 / 22 / 2026**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

THE 218 PROJECT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="162925.00"/>	<input type="text" value="162925.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="162925.00"/>	<input type="text" value="162925.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="125577.50"/>	<input type="text" value="125577.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37347.50"/>	<input type="text" value="37347.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

THE 218 PROJECT

Report Covering the Period: From: / / To: / /

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).....	137800.00	137800.00
(ii) Unitemized	125.00	125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	137925.00	137925.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	162925.00	162925.00
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)).....▶	162925.00	162925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	162925.00	162925.00

DETAILED SUMMARY PAGE
of Disbursements

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	27077.50	27077.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27077.50	27077.50
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)	98500.00	98500.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	125577.50	125577.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125577.50	125577.50

DETAILED SUMMARY PAGE
of Disbursements

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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)	162925.00	162925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	162925.00	162925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27077.50	27077.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27077.50	27077.50

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

Form/Schedule: F3XN

Transaction ID :

PLEASE NOTE THAT THE COMMITTEE DISCLOSED ONLY THE ITEMIZED CONTRIBUTIONS FROM EARMARKED CONDUIT(S) THAT WERE REPORTED ON SCHEDULE A FOR LINE 11(A)(I); THE REMAINDER OF THE CONDUIT CONTRIBUTIONS THAT AGGREGATED \$200 OR LESS WERE INCLUDED IN THE TOTAL ON LINE 11(A)(II) OF THE DETAILED SUMMARY PAGE PER 11 CFR 104.3(A)(3).

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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)
THE 218 PROJECT

A. ALLPORT, GRANIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1741 BLACK RIVER ROAD
 City FAR HILLS State NJ Zip Code 07931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2025
Transaction ID : A-14
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ANDERSON, BROOKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 KEAN DRIVE
 City BOZEMAN State MT Zip Code 59718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HYALITE GROUP Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2025
Transaction ID : A-4
 Amount of Each Receipt this Period 500.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. ARONSON, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7611 TAKOMA AVENUE
 City TAKOMA PARK State MD Zip Code 20912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 24 / 2025
Transaction ID : A-33
 Amount of Each Receipt this Period 10000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BARR, CHRISTOPHER, M, ,

Mailing Address **211 RIDGEVIEW ROAD**

City **PRINCETON** State **NJ** Zip Code **08540**

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

Name of Employer (for Individual) **WOODS & WAYSIDE INTERNATIONAL INC.** Occupation (for Individual) **EXECUTIVE DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2025

Transaction ID : A-55

Amount of Each Receipt this Period
10000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BARR, TERENCE, , ,

Mailing Address **1559 SOUTHEAST MAPLE AVENUE**

City **PORTLAND** State **OR** Zip Code **97214**

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

Name of Employer (for Individual) **AFEX INTERNATIONAL** Occupation (for Individual) **GEOLOGIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2025

Transaction ID : A-61

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BERGER, SUSAN, , ,

Mailing Address **4228 45TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20016**

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

Name of Employer (for Individual) **SOUTHEBYS** Occupation (for Individual) **REALTOR**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 15 / 2025

Transaction ID : A-17

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ▶ **15500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

A. CHAITMAN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 FAIRVIEW ROAD
 City FRENCHTOWN State NJ Zip Code 08825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2025
Transaction ID : A-5
 Amount of Each Receipt this Period 1000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

B. COE, BARBARA, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 COLFAX ROAD
 City MONTGOMERY State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 23 / 2025
Transaction ID : A-27
 Amount of Each Receipt this Period 3500.00
 Memo Item

C. GIBSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5417 31ST STREET NORTHWEST
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FANNIE MAE Occupation (for Individual) COMMUNICATIONS STRAGIST & WRI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2025
Transaction ID : A-19
 Amount of Each Receipt this Period 2500.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<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)
THE 218 PROJECT

A. GLASSER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 CAPITOL STREET
 City CHARLESTON State WV Zip Code 25301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIAN GLASSER Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **10 / 13 / 2025**
Transaction ID : A-57
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. HARRIS, WILIAM, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 WALTHAM STREET APT F-8
 City LEXINGTON State MA Zip Code 02421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REQUESTED Occupation (for Individual) REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt **09 / 29 / 2025**
Transaction ID : A-49
 Amount of Each Receipt this Period 7000.00
 Memo Item

C. HARRIS, WILLIAM SR., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 WALTHAM ST
 City LEXINGTON State MA Zip Code 02421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **12 / 21 / 2025**
Transaction ID : A-77
 Amount of Each Receipt this Period 20000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶	37000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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)
THE 218 PROJECT

A. HIGHLAND, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 COLFAX ROAD
 City MONTGOMERY State NJ Zip Code 08558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 09 / 23 / 2025
Transaction ID : A-25
 Amount of Each Receipt this Period 3500.00
 Memo Item

B. HIXON, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3329 KLINE DRIVE
 City VIRGINIA BEACH State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 19 / 2025
Transaction ID : A-20
 Amount of Each Receipt this Period 1000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. KNOX, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MOUNTAIN ROAD
 City BASKING RIDGE State NJ Zip Code 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 09 / 24 / 2025
Transaction ID : A-30
 Amount of Each Receipt this Period 2500.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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)
THE 218 PROJECT

A. KULWIN, CLIFFORD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DURYEA ROAD
 City MONTCLAIR State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2025
Transaction ID : A-67
 Amount of Each Receipt this Period 1000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

B. LAFLEUR, VINCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3142 QUESADA ST NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST WING WRITERS Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2025
Transaction ID : A-40
 Amount of Each Receipt this Period 500.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. LINCER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 BROOKLAWN DRIVE
 City SHORT HILLS State NJ Zip Code 07078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLEARY GOTTLIEB STEEN & HAMILTON LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2025
Transaction ID : A-16
 Amount of Each Receipt this Period 2500.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
<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)
THE 218 PROJECT

A. LITTLE, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 5TH AVENUE
 City MANHATTAN State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 25 / 2025
Transaction ID : A-29
 Amount of Each Receipt this Period 5000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

B. MANDELL, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2106
 City WINTER PARK State FL Zip Code 32790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2025
Transaction ID : A-10
 Amount of Each Receipt this Period 1000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. MARKOVICH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 VILLANOVA LANE
 City OAKLAND State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLUE SHIELD OF CALIFORNIA Occupation (for Individual) HEALTH PLAN EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 09 / 20 / 2025
Transaction ID : A-18
 Amount of Each Receipt this Period 20000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....	26000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
THE 218 PROJECT

A. MC NAMEE, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2995 WOODSIDE ROAD SUITE 400 BOX 5
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 04 / 2025
Transaction ID : A-9
 Amount of Each Receipt this Period 5000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

B. PERATIS, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 WEST 93RD STREET
 City MANHATTAN State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 24 / 2025
Transaction ID : A-31
 Amount of Each Receipt this Period 5000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. POMERANTZ, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 HEDGE ROW CROSSING
 City LEBANON State NJ Zip Code 08833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZAYWORX SERVICES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 29 / 2025
Transaction ID : A-51
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	13000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

A. RAYMAR, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 S. 6TH STREET
 City PHILADELPHIA State PA Zip Code 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HELLRING Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2025
Transaction ID : A-3
 Amount of Each Receipt this Period 1000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

B. SELENDY, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 866 PENDLETON POINT ROAD
 City ISLESBORO State ME Zip Code 04848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELENDY & GAY PLLC Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 03 / 2025
Transaction ID : A-8
 Amount of Each Receipt this Period 5000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

C. SODOLAK, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 VILLAGE DRIVE
 City BERNARDS State NJ Zip Code 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 16 / 2025
Transaction ID : A-53
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26
	<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)
THE 218 PROJECT

A. SPITZER, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K STREET NORTHWEST
 STE 400
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOT EMPLOYED Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2025
Transaction ID : A-1
 Amount of Each Receipt this Period
 3300.00
 Memo Item

B. TAFT, PHILLIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 STONY BROOK ROAD
 City HOPEWELL State NJ Zip Code 08525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REQUESTED Occupation (for Individual) REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2025
Transaction ID : A-47
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. TOBERT, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 RED FOX TRAIL
 City WARREN State NJ Zip Code 07059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2025
Transaction ID : A-32
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶	8800.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 26
(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)
THE 218 PROJECT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEBSTER, LINDSAY, , ,

Mailing Address 184 MILLS AVENUE

City SPARTANBURG	State SC	Zip Code 29302
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2025

Transaction ID : A-43

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH ACTBLUE

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	137800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
THE 218 PROJECT

A. DEMOCRACY PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1032 15TH STREET, NW
SUITE 247

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00693382

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2025

Transaction ID : A-23

Amount of Each Receipt this Period
25000.00

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

A. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 06 / 2025

FEC Identification Number: C

Transaction ID : B-12

Amount of Each Disbursement this Period: 435.49

Memo Item

B. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 14 / 2025

FEC Identification Number: C

Transaction ID : B-6

Amount of Each Disbursement this Period: 98.75

Memo Item

C. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 20 / 2025

FEC Identification Number: C

Transaction ID : B-21

Amount of Each Disbursement this Period: 1046.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1580.99

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE
Candidate Name
Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 25 / 2025

FEC Identification Number
C
Transaction ID : B-34
Amount of Each Disbursement this Period
1086.25

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE
Candidate Name
Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2025

FEC Identification Number
C
Transaction ID : B-41
Amount of Each Disbursement this Period
19.75

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE
Candidate Name
Category/Type: 001

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
10 / 06 / 2025

FEC Identification Number
C
Transaction ID : B-45
Amount of Each Disbursement this Period
23.70

Memo Item

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

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

1129.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

A. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 13 / 2025

FEC Identification Number: C

Transaction ID : B-58

Amount of Each Disbursement this Period: 395.00

Memo Item

B. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 16 / 2025

FEC Identification Number: C

Transaction ID : B-68

Amount of Each Disbursement this Period: 39.50

Memo Item

C. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 441146

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2025

FEC Identification Number: C

Transaction ID : B-78

Amount of Each Disbursement this Period: 790.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1224.50

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

Full Name (Last, First, Middle Initial) A. COMMONCENTSCONSULTING, LLC		Date of Disbursement MM / DD / YYYY 10 / 08 / 2025
Mailing Address PO BOX 26430		FEC Identification Number C [REDACTED] Transaction ID : B-38
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 1323.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. COMMONCENTSCONSULTING, LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2025
Mailing Address PO BOX 26430		FEC Identification Number C [REDACTED] Transaction ID : B-66
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. COMMONCENTSCONSULTING, LLC		Date of Disbursement MM / DD / YYYY 12 / 30 / 2025
Mailing Address PO BOX 26430		FEC Identification Number C [REDACTED] Transaction ID : B-75
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period 500.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	2323.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE 218 PROJECT

Full Name (Last, First, Middle Initial) A. COMMONCENTSCONSULTING, LLC		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address PO BOX 26430		FEC Identification Number C [] Transaction ID : B-82 Amount of Each Disbursement this Period [] 500.00 <input type="checkbox"/> Memo Item
City TEMPE	State AZ	
Zip Code 85285		FEC Identification Number C [] Transaction ID : B-83 Amount of Each Disbursement this Period [] 15000.00 <input type="checkbox"/> Memo Item
Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES		
Candidate Name		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2026		
State: District:		

Full Name (Last, First, Middle Initial) B. COMPREHENSIVE COMMUNICATIONS GROUP		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address 135 WEST 70TH STREET STE 2E		FEC Identification Number C [] Transaction ID : B-83 Amount of Each Disbursement this Period [] 15000.00 <input type="checkbox"/> Memo Item
City NEW YORK	State NY	
Zip Code 10023		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
Purpose of Disbursement GENERAL CONSULTANT		
Candidate Name		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. INTEGRATED SOLUTIONS: POLITICAL		Date of Disbursement MM / DD / YYYY 10 / 01 / 2025
Mailing Address 4142 ADAMS AVENUE SUITE 103-550		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
City SAN DIEGO	State CA	
Zip Code 92116		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
Purpose of Disbursement SOFTWARE SUBSCRIPTION		
Candidate Name		FEC Identification Number C [] Transaction ID : B-60 Amount of Each Disbursement this Period [] 425.00 <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 15925.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 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)
THE 218 PROJECT

A. LORI SILVERMAN, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2811 FLAGMAKER DRIVE

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement FUNDRAISING CONSULTANT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 08 / 2025

FEC Identification Number: C

Transaction ID : B-39

Amount of Each Disbursement this Period: 4000.00

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:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	26933.19

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE 218 PROJECT	FEC IDENTIFICATION NUMBER ▼ C C00915520
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee LCX MEDIA, LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 230 OGDEN AVENUE 3RD FLOOR	Amount <input type="text"/> 98500.00
City JERSEY CITY State NJ Zip Code 07307	
Purpose of Expenditure DIGITAL MEDIA ADVERTISING	Transaction ID : E-74 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MALINOWSKI, TOM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President <input type="checkbox"/> State: NJ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 98500.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► SPECIAL-2026

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 98500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 98500.00

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.

RAND, DOUG, , ,
Signature

Date 01 / 22 / 2026