

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

SHREVE FOR CONGRESS

ADDRESS (number and street)

PO BOX 17182

Check if different
than previously
reported. (ACC)

SOUTHPORT

IN

46227

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00870949

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IN

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

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 MARTIN, KEVIN, , ,

Signature of Treasurer

MARTIN, KEVIN, , ,

Date

M M /

D D /

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 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHREVE FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	80661.06	300266.97
(b) Total Contribution Refunds (from Line 20(d))	20.25	1036.42
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	80640.81	299230.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	79693.80	388519.52
(b) Total Offsets to Operating Expenditures (from Line 14)	0.51	690.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	79693.29	387829.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	2119426.30	
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)	7900000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHREVE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2025

To:

M M / D D / Y Y Y Y
12 31 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

23375.00

106678.71

(ii) Unitemized

286.06

1588.26

(iii) TOTAL of contributions
from individuals ▶

23661.06

108266.97

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

57000.00

192000.00

(d) The Candidate

0.00

0.00

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

80661.06

300266.97

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

8680.96

8680.96

13. LOANS:

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

1000000.00

2000000.00

(b) All Other Loans.....

0.00

0.00

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

1000000.00

2000000.00

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

0.51

690.29

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

0.00

0.00

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

1089342.53

2309638.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79693.80	388519.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	20.25	36.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	20.25	1036.42
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	79714.05	390055.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1109797.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1089342.53
25. SUBTOTAL (add Line 23 and Line 24).....	2199140.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79714.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2119426.30

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

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

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

NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

BROWNING, CHRIS, , ,

A. Mailing Address 1982 CALEDONIAN CT

City

GREENWOOD

State

IN

Zip Code

46143-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer

VISIONQUEST EYECARE

Occupation

OPTOMETRIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : A1E4AAB028935432EB41

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DILLON, GEOFF, , ,

B. Mailing Address 7808 NORTH PENNSYLVANIA STREET

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE CONSTRUCTION + MATERIALS

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2025

Transaction ID : A7F050A13653348A5A36

Amount of Each Receipt this Period

- 3100.00

☒ Memo Item

REDESIGNATION FROM

Full Name (Last, First, Middle Initial)

DILLON, GEOFF, , ,

C. Mailing Address 7808 NORTH PENNSYLVANIA STREET

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE CONSTRUCTION + MATERIALS

Occupation

CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2025

Transaction ID : A215D992DF6DA4D908D6

Amount of Each Receipt this Period

3100.00

☒ Memo Item

REDESIGNATION TO

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

250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

DILLON, GEOFF, , ,

A.

Mailing Address 7808 NORTH PENNSYLVANIA STREET

City

INDIANAPOLIS

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE CONSTRUCTION + MATERIALS

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2025

Transaction ID : A59A4852C243647FA850

Amount of Each Receipt this Period

6600.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32705.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 29 2025

Transaction ID : A15F2D337F1474B9A863

Amount of Each Receipt this Period

6600.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

MCAULEY, PATRICK, B., ,

C.

Mailing Address 5858 N COLLEGE AVE
APT 223

City

INDIANAPOLIS

State

IN

Zip Code

46220-3092

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROAD RIPPLE CAPITAL

Occupation

COMMERCIAL REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2025

Transaction ID : AD8EBF64311134FCD853

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

6625.00

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32705.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2025

Transaction ID : ACDA9A31D4A5E431DABF

Amount of Each Receipt this Period

25.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
MCGRAW, CRAIG, , ,

Mailing Address 523 APACHE TRL

City
MORGANVILLEState
NJZip Code
07751-4632FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
VP OF SALES

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2025

Transaction ID : AEEC28060157C4B4BB76

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32705.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2025

Transaction ID : ACBA7623C6C5D4409B59

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NESSEL, ARIEL, , ,

A.

Mailing Address PO BOX 1128

City
ROSS

State
CA

Zip Code
94957

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ENTREPRENEUR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2025

Transaction ID : ABB0B16DCC3BA477A963

Amount of Each Receipt this Period

1500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32705.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2025

Transaction ID : A43CE06449AB44B5EBF2

Amount of Each Receipt this Period

1500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

SCHWARZMAN, CHRISTINE, , ,

C.

Mailing Address 740 PARK AVE

City
NEW YORK

State
NY

Zip Code
10021-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : A0AA4B5AEAD9D4CC3A2C

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

8500.00

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCHWARZMAN, CHRISTINE, , ,

A.

Mailing Address 740 PARK AVE

City
NEW YORK

State
NY

Zip Code
10021-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : AD3C81B75B653467F914

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION FROM

Full Name (Last, First, Middle Initial)

SCHWARZMAN, CHRISTINE, , ,

B.

Mailing Address 740 PARK AVE

City
NEW YORK

State
NY

Zip Code
10021-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : A500F22E66D6049A09E1

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION TO

Full Name (Last, First, Middle Initial)

SCHWARZMAN, STEPHEN, A., ,

C.

Mailing Address 345 PARK AVE

City
NEW YORK

State
NY

Zip Code
10154-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACKSTONE

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : A8A2155A0D35A4D7D8E7

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCHWARZMAN, STEPHEN, A., ,

A. Mailing Address 345 PARK AVE

City
NEW YORK

State
NY

Zip Code
10154-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACKSTONE

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : AF4416FEC4B364507BE0

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION FROM

Full Name (Last, First, Middle Initial)

SCHWARZMAN, STEPHEN, A., ,

B. Mailing Address 345 PARK AVE

City
NEW YORK

State
NY

Zip Code
10154-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACKSTONE

Occupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : AEB28B74BA1BC4B4DB11

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION TO

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

23375.00

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

AIRCREFT MECHANICS FRATERNAL ASSOCIATION PAC (AMFA PAC)Mailing Address 7853 E ARAPAHOE CT
STE 1100City
CENTENNIALState
COZip Code
80112-6834FEC ID number of contributing
federal political committee.**C** C00782326

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		15		2025

Transaction ID : A8647567D7DEF447BAA6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)Mailing Address 1333 NEW HAMPSHIRE AVE NW
STE 700City
WASHINGTONState
DCZip Code
20036-1532FEC ID number of contributing
federal political committee.**C** C00004275

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		23		2025

Transaction ID : AC39F384CBC35499090B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN CRYSTAL SUGAR COMPANY PAC

Mailing Address 101 NORTH 3RD STREET

City
MOORHEADState
MNZip Code
56560-1952FEC ID number of contributing
federal political committee.**C** C00110338

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		15		2025

Transaction ID : A3C367E5819984A14857

Amount of Each Receipt this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY PAC (PT-PAC)

Mailing Address 3030 POTOMAC AVE
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22305-3085

FEC ID number of contributing
federal political committee.

C C00012880

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : A65FE8D291F8F4524A7C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SUGAR CANE LEAGUE OF USA, INC PAC

Mailing Address P O DRAWER 938

City
THIBODAUX

State
LA

Zip Code
70302-0938

FEC ID number of contributing
federal political committee.

C C00081414

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 18 2025

Transaction ID : A3F9D19011343443AAA5

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 N QUINCY ST
STE 200

City
ARLINGTON

State
VA

Zip Code
22203-1708

FEC ID number of contributing
federal political committee.

C C00034678

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : A9BA07415F267462E936

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

5000.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

CATERPILLAR INC. PAC (CATPAC)**A.**Mailing Address 5205 N O CONNOR BLVD
STE 100City
IRVINGState
TXZip Code
75039-3712FEC ID number of contributing
federal political committee.**C** C00148031

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2025

Transaction ID : A4794E0BCA3684A53B88

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

EDP RENEWABLES NORTH AMERICA LLC PAC (AKA EDPR NA PAC)Mailing Address 1501 MCKINNEY ST
STE 1300City
HOUSTONState
TXZip Code
77010-4010FEC ID number of contributing
federal political committee.**C** C00452755

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2025

Transaction ID : AFA5A54684C774BB8990

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. PAC (ELEVANCE HEALTH PAC)Mailing Address 1001 PENNSYLVANIA AVE NW
STE 710City
WASHINGTONState
DCZip Code
20004-2513FEC ID number of contributing
federal political committee.**C** C00197228

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 18 2025

Transaction ID : AE3A008DECE88454B968

Amount of Each Receipt this Period

1500.00

☐ Memo Item

5000.00

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

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

Use separate schedule(s)
for each category of the
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ELI LILLY AND COMPANY PAC

A.

Mailing Address LILLY CORPORATE CENTER

City

INDIANAPOLIS

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C C00082792

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 18 2025

Transaction ID : A4E5D2267CCC14EDFB99

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FLORIDA SUGAR CANE LEAGUE PAC

B.

Mailing Address 1301 PENNSYLVANIA AVE NW
STE 401

City

WASHINGTON

State

DC

Zip Code

20004-1701

FEC ID number of contributing
federal political committee.

C C00012328

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2025

Transaction ID : A332CF77A1AEE496FB89

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HALEON US HOLDINGS LLC PAC

C.

Mailing Address 184 LIBERTY CORNER RD

City

WARREN

State

NJ

Zip Code

07059-6796

FEC ID number of contributing
federal political committee.

C C00824631

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2025

Transaction ID : AED0B4E3CEE9E4AC89E7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

HALL RENDER KILLIAN HEATH & LYMAN PC EMPLOYEE PAC AKA HALLWAY PAC FEDERAL

A.Mailing Address 500 N MERIDIAN ST
STE 400City
INDIANAPOLISState
INZip Code
46204-1293FEC ID number of contributing
federal political committee.**C** C00552083

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2025

Transaction ID : A43DDBE19AB44418EA55

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HEARTDOCPAC

B.Mailing Address 3253 SUTTON PL NW
APT ACity
WASHINGTONState
DCZip Code
20016-7531FEC ID number of contributing
federal political committee.**C** C00523381

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2025

Transaction ID : A3EA2AE7C951B4AF4892

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL PAC

C.Mailing Address 101 CONSTITUTION AVE NW
STE 500City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : A6A19F31EE66F4241965

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A.

Mailing Address 1750 NEW YORK AVE NW

City

WASHINGTON

State

DC

Zip Code

20006-5305

FEC ID number of contributing
federal political committee.**C** C00029447

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		29		2025

Transaction ID : A63AF9BE240454CB2BAB

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' PAC

Mailing Address 2121 CRYSTAL DR
STE 100

City

ARLINGTON

State

VA

Zip Code

22202-3706

FEC ID number of contributing
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : A60B6B66BAC3940CCAC4

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER RD

City

WAHPETON

State

ND

Zip Code

58075-9705

FEC ID number of contributing
federal political committee.**C** C00164939

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2025

Transaction ID : A68BF7C8D398B4926B7D

Amount of Each Receipt this Period

1000.00

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

4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL ASPHALT PAVEMENT ASSOCIATION PAC (NAPA-PAC)**A.**Mailing Address 800 MAINE AVE SW
STE 800City
WASHINGTONState
DCZip Code
20024-2806FEC ID number of contributing
federal political committee.**C** C00444539

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : ABFAB38B26DA94575B7B

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION AMERICA'S ELECTRIC COOPERATIVES PAC**B.**

Mailing Address 4301 WILSON BLVD

City
ARLINGTONState
VAZip Code
22203-4419FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2025

Transaction ID : A394759B74D53432193D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)**C.**Mailing Address 400 N CAPITOL ST NW
STE 475City
WASHINGTONState
DCZip Code
20001-1593FEC ID number of contributing
federal political committee.**C** C00480863

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : A8EEDAC453C77478EB29

Amount of Each Receipt this Period

1000.00

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

4000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NOVARTIS CORPORATION PAC

A.

Mailing Address 801 PENNSYLVANIA AVE NW
STE 700City
WASHINGTONState
DCZip Code
20004-2723FEC ID number of contributing
federal political committee.

C C00033969

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2025

Transaction ID : ACE00148E03A140FDAA6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)

B.

Mailing Address 6363 OAK TREE BLVD

City
INDEPENDENCEState
OHZip Code
44131-2556FEC ID number of contributing
federal political committee.

C C00082271

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : AF0DCB7787C664430B11

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RAPTOR PAC

C.

Mailing Address PO BOX 4864

City
MIDLANDState
TXZip Code
79704-4864FEC ID number of contributing
federal political committee.

C C00749481

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2025

Transaction ID : A5EA61C88FA994C88A39

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NORTH AMERICA PAC)

A.Mailing Address 1900 RESTON METRO PLZ
STE 400City
RESTONState
VAZip Code
20190-5950FEC ID number of contributing
federal political committee.**C** C00296822

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		31		2025

Transaction ID : A72D6A675859A4E2096D

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City
NEW ORLEANSState
LAZip Code
70183-0219FEC ID number of contributing
federal political committee.**C** C00394957

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		23		2025

Transaction ID : A2198E7885F1C4478861

Amount of Each Receipt this Period

2000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City
NEW ORLEANSState
LAZip Code
70183-0219FEC ID number of contributing
federal political committee.**C** C00394957

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
12		23		2025

Transaction ID : AE6A83486B4FA406192F

Amount of Each Receipt this Period

2000.00

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

5000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY PAC**A.**

Mailing Address 12010 SUNSET HILLS RD

City
RESTONState
VAZip Code
20190-5856FEC ID number of contributing
federal political committee.**C** C00300418

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		31		2025

Transaction ID : A9EB824FF8ECF45FEB61

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC (SIGMA: AMERICA'S LEADING FUEL MARKETERS...

B.Mailing Address 1330 BRADDOCK PL
STE 501City
ALEXANDRIAState
VAZip Code
22314-1650FEC ID number of contributing
federal political committee.**C** C00120030

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : A0450A732524E4DA9962

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TEXANS FOR JODEY ARRINGTON**C.**

Mailing Address PO BOX 6687

City
LUBBOCKState
TXZip Code
79493-6687FEC ID number of contributing
federal political committee.**C** C00588657

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2025

Transaction ID : ABC9CBDB73C59497F9D9

Amount of Each Receipt this Period

1000.00

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

4500.00

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

SCHEDULE A (FEC Form 3)
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for each category of the
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			15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY PAC**A.**

Mailing Address 929 LONG BRIDGE DR

City
ARLINGTONState
VAZip Code
22202-4208FEC ID number of contributing
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2025

Transaction ID : A9538D989CABF4D5F835

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE EYE OF THE TIGER PAC**B.**

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00467431

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2025

Transaction ID : A73FC1592A5B74510B6C

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE EYE OF THE TIGER PAC**C.**

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00467431

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2025

Transaction ID : ABA055C1E087A4726A6A

Amount of Each Receipt this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC PAC (TOYOTA/LEXUS PAC)

A.

Mailing Address 325 7TH ST NW
STE 1000

City
WASHINGTON

State
DC

Zip Code
20004-2801

FEC ID number of contributing
federal political committee.

C C00542365

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : A8C127551080744158EF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

57000.00

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

PAGE 23 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TEAM SHREVE**A.**

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227FEC ID number of contributing
federal political committee.**C** C00887372

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8680.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : A2FFB0C7148194F03B8B

Amount of Each Receipt this Period

2375.19

☐ Memo ItemTRANSFER OF JOINT FUNDRAISING PROCEEDS,
SEE CONTRIBUTIONS BELOW**B.**

Full Name (Last, First, Middle Initial)

MALMSTROM, JULIE, , ,

Mailing Address 103 N OLIVE ST

City
METAState
MOZip Code
65058-1019FEC ID number of contributing
federal political committee.**C**

Name of Employer

SNK REAL PROPERTY HOLDINGS, LLC

Occupation
PARTNER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2025

Transaction ID : AF055164C663844E2ACC

Amount of Each Receipt this Period

3500.00

☒ Memo ItemPARTNER ATTRIBUTION FOR SNK REAL
PROPERTY HOLDINGS LLC [TEAM SHREVE-]**C.**

Full Name (Last, First, Middle Initial)

SNK REAL PROPERTY HOLDINGS LLC

Mailing Address 103 OLIVE ST

City
METAState
MOZip Code
65058-1019FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2025

Transaction ID : A787284542F934957B1F

Amount of Each Receipt this Period

3500.00

☒ Memo ItemPARTNERSHIP CONTRIBUTION, SEE ATTRIBUTION
BELOW. [TEAM SHREVE-C00887372]**SUBTOTAL** of Receipts This Page (optional)..... ▶

2375.19

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TEAM SHREVE**A.**

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227FEC ID number of contributing
federal political committee.**C** C00887372

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8680.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : AE8CEE45682B54412942

Amount of Each Receipt this Period

6305.77

☐ Memo ItemTRANSFER OF JOINT FUNDRAISING PROCEEDS,
SEE CONTRIBUTIONS BELOW

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC**B.**

Mailing Address 411 NEW JERSEY AVE SE

City
WASHINGTONState
DCZip Code
20003-4007FEC ID number of contributing
federal political committee.**C** C00165159

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2025

Transaction ID : A42F35D8E35B84616B77

Amount of Each Receipt this Period

1000.00

☒ Memo Item

[TEAM SHREVE - C00887372]

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC**C.**

Mailing Address 411 NEW JERSEY AVE SE

City
WASHINGTONState
DCZip Code
20003-4007FEC ID number of contributing
federal political committee.**C** C00165159

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 09 2025

Transaction ID : AA25CD48895D845E8B87

Amount of Each Receipt this Period

1000.00

☒ Memo Item

[TEAM SHREVE - C00887372]

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

6305.77

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

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

PAGE 25 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 411 NEW JERSEY AVE SE

City

WASHINGTON

State

DC

Zip Code

20003-4007

FEC ID number of contributing
federal political committee.**C** C00165159

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

Transaction ID : AA1A58A8CBA2943D68D1

Amount of Each Receipt this Period

1000.00

☒ Memo Item

[TEAM SHREVE - C00887372]

Full Name (Last, First, Middle Initial)

MALMSTROM, JULIE, , ,

Mailing Address 103 N OLIVE ST

City

META

State

MO

Zip Code

65058-1019

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

Name of Employer

SNK REAL PROPERTY HOLDINGS, LLC

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : A4F4018A66DAC4A2AA76

Amount of Each Receipt this Period

3500.00

☒ Memo ItemPARTNER ATTRIBUTION FOR SNK REAL
PROPERTY HOLDINGS LLC [TEAM SHREVE-]

Full Name (Last, First, Middle Initial)

RICHARDSON, CHARLES, T., ,Mailing Address 435 VIRGINIA AVENUE
APT. 105

City

INDIANAPOLIS

State

IN

Zip Code

46203-1965

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

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.98

Date of Receipt

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

Transaction ID : A87AEBA41FDB454A92C

Amount of Each Receipt this Period

1041.98

☒ Memo Item

[TEAM SHREVE - C00887372]

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

MORGAN, MATTHEW, , ,

A. Mailing Address 3664 ABNEY POINT DRCity
ZIONSVILLEState
INZip Code
46077-7707FEC ID number of contributing
federal political committee.

C

Name of Employer
BARNES & THORNBURG LLPOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 18 2025

Transaction ID : A4070E74379C8460CAE2

Amount of Each Receipt this Period

1000.00

☒ Memo Item

[TEAM SHREVE - C00887372]

Full Name (Last, First, Middle Initial)

19TH STAR STATE SOLUTIONS LLC

B. Mailing Address 1102 N BEVILLE AVECity
INDIANAPOLISState
INZip Code
46201-1356FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 21 2025

Transaction ID : ACC6FCB1C81E54ADCBF1

Amount of Each Receipt this Period

500.00

☒ Memo ItemPARTNERSHIP CONTRIBUTION, SEE ATTRIBUTION
BELOW. [TEAM SHREVE-C00887372]

Full Name (Last, First, Middle Initial)

WILLEY, JOHN, , ,

C. Mailing Address 1102 N BEVILLE AVECity
INDIANAPOLISState
INZip Code
46201-1356FEC ID number of contributing
federal political committee.

C

Name of Employer
19TH STAR STATE SOLUTIONS LLCOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 21 2025

Transaction ID : A9CEC164B7C7F4B23860

Amount of Each Receipt this Period

500.00

☒ Memo ItemPARTNER ATTRIBUTION FOR 19TH STAR STATE
SOLUTIONS LLC [TEAM SHREVE-C00887372]**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

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

PAGE 27 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TALLEY, DOUGLAS, C., ,

A. Mailing Address 13878 WATERWAY BLVDCity
FISHERSState
INZip Code
46040-9442FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BANK OF INDIANAPOLISOccupation
BANKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 21 2025

Transaction ID : AC3EE86367BC14254AC5

Amount of Each Receipt this Period

250.00

☒ Memo Item

[TEAM SHREVE - C00887372]

Full Name (Last, First, Middle Initial)

SNK REAL PROPERTY HOLDINGS LLC

B. Mailing Address 103 OLIVE STCity
METAState
MOZip Code
65058-1019FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2025

Transaction ID : A76EAB00748E14CFBA90

Amount of Each Receipt this Period

3500.00

☒ Memo ItemPARTNERSHIP CONTRIBUTION, SEE ATTRIBUTION
BELOW. [TEAM SHREVE-C00887372]

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

0.00

8680.96

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHREVE, JEFFERSON, , ,

A. Mailing Address PO BOX 17182

City
SOUTHPORT

State
IN

Zip Code
46227

FEC ID number of contributing
federal political committee.

C H4IN06185

Name of Employer
SELF EMPLOYED

Occupation
INVESTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2025

Transaction ID : A755C9D8D3C4940199B2

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CANDIDATE LOAN

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000000.00

1000000.00

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

PAGE 29 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADOBE

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2025

City
SAN JOSEState
CAZip Code
95110-2704

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.09

Transaction ID : B2CA5581162DD4C23A15

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. ADOBE

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2025

City
SAN JOSEState
CAZip Code
95110-2704

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.09

Transaction ID : B08C75A07FF7347CA8C0

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. ADOBE

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2025

City
SAN JOSEState
CAZip Code
95110-2704

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.09

Transaction ID : BBBD9A4BDA2124738A01

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

96.27

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

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

PAGE 30 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2025

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

CPurpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

197.00

Transaction ID : BE1BC8EA00BC2483682B

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2025

City
PHILADELPHIAState
PAZip Code
19171-6045

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE SOFTWARE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2250.00

Transaction ID : BC1D69F708B914DC3A5B

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2025

City
PHILADELPHIAState
PAZip Code
19171-6045

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE SOFTWARE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2250.00

Transaction ID : B4AFC23723A58449D8CF

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

4697.00

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

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

PAGE 31 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ASPIRE JOHNSON COUNTYMailing Address 1499 WINDHORST WAY
STE 160City
GREENWOODState
INZip Code
46143-8800Purpose of Disbursement
EVENT TICKETS/SPONSORSHIP

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

114.13

Transaction ID : B045FD5C5BA3441C1B47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City
NEWPORTState
KYZip Code
41072-0100Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2558.48

Transaction ID : BE284FCA6F284469E8F8

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City
NEWPORTState
KYZip Code
41072-0100Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2475.00

Transaction ID : BA46E06584B8C4497954

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

5147.61

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

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

PAGE 32 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2025

City
NEWPORTState
KYZip Code
41072-0100

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2475.00

Transaction ID : B43E8AD33E0B2482683B

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. BULLHORN COMMUNICATIONS

Mailing Address 5016 WEBSTER

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2025

City
OMAHAState
NEZip Code
68132-2210

FEC Identification Number

CPurpose of Disbursement
DIGITAL CONSULTING/WEBSITE DEVELOPMENT

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1200.00

Transaction ID : BDB9AA74FEE404CDDFA5F

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2025

City
WASHINGTONState
DCZip Code
20003-1801

FEC Identification Number

CPurpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

140.87

Transaction ID : B1BA93BAE63DD47899BB

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

3815.87

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

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

PAGE 33 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

345.53

Transaction ID : B60B0528D373E4836A11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

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

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

683.31

Transaction ID : BEDE13C55DE0F4F52ABC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIGMA INCMailing Address 760 MARKET ST
FL 10City
SAN FRANCISCOState
CAZip Code
94102-2300Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : B0A7055805F274CAB85D

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

1048.84

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

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

PAGE 34 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIGMA INCMailing Address 760 MARKET ST
FL 10City
SAN FRANCISCOState
CAZip Code
94102-2300Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : B81586C03E8764AB1A37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284-3409Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

263.75

Transaction ID : BCA87B530030340C7A69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GODADDY.COM

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284-3409Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

203.88

Transaction ID : BC4EF7BE0A64149A1B92

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

487.63

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

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

PAGE 35 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284-3409Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11.99

Transaction ID : B485DCDA8537B4002A0B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 2155 E GODADDY WAY

City
TEMPEState
AZZip Code
85284-3409Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

11.99

Transaction ID : B8C61CA40BFBD4C1CAF5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043-1351Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24.02

Transaction ID : BF2874546ECF1444CBCD

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

48.00

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

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

PAGE 36 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

24.15

Transaction ID : BED2B4AB5EBDD4386BAB

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

24.15

Transaction ID : B0A6DBA4345484C498A3

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. HARCOURT OUTLINES, INC.

Mailing Address PO BOX 128

Date of Disbursement

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

City
MILROYState
INZip Code
46156-0128

FEC Identification Number

CPurpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

299.60

Transaction ID : B16F2A1D9EA6649DBBCF

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

347.90

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

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

PAGE 37 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
MILEAGE REIMBURSEMENT

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

163.17

Transaction ID : BB0AD89F08AE242CF902

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B63902CCF0D144730A3E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B0240C11103E84C56A3A

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

4163.17

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B9780E0E31D6A459B8CA

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSE GIFT SHOP

Mailing Address 15 INDEPENDENCE AVE SE

City
WASHINGTONState
DCZip Code
20515-6001Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

610.10

Transaction ID : BE03B7443A1014BFA906

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : B3724922C379E4DFEB0B

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

2780.10

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

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

PAGE 39 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : BC0DB746558E843B7837

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : B8014EB7D23674683942

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ILILI RESTAURANT

Mailing Address 100 DISTRICT SQUARE SW

City
WASHINGTONState
DCZip Code
20024-2807Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1571.80

Transaction ID : B7E042FE14DD54B02954

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

1911.80

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ILILI RESTAURANT

Mailing Address 100 DISTRICT SQUARE SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2025

City
WASHINGTONState
DCZip Code
20024-2807

FEC Identification Number

CPurpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

2948.48

Transaction ID : B4FA5E78D355D477993A

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. INDIANA REPUBLICAN STATE COMMITTEEMailing Address 101 W OHIO ST
STE 2200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2025

City
INDIANAPOLISState
INZip Code
46204-4207

FEC Identification Number

CPurpose of Disbursement
EVENT TICKETS

001

Amount of Each Disbursement this Period

1000.00

Transaction ID : B62A4F2BAA0064B61A74

☐ Memo Item

Candidate Name

INDIANA REPUBLICAN STATE COMMITTEE

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. INDIANAPOLIS BUSINESS JOURNALMailing Address 1 MONUMENT CIR
STE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2025

City
INDIANAPOLISState
INZip Code
46204-3026

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

160.00

Transaction ID : B9BDFC63E1B764458AF4

☐ Memo Item

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

4108.48

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

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

PAGE 41 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KB STRATEGIC GROUP

Mailing Address 3213 DUKE ST

City
ALEXANDRIAState
VAZip Code
22314-4533Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18600.00

Transaction ID : B2A1EE1EBE63C4406B2C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KIRWANS ON THE WHARF

Mailing Address 749 WHARF ST SW

City
WASHINGTONState
DCZip Code
20024-3433Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

236.25

Transaction ID : B22FF7ECDFED4D91933

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : BBE082D927F2A43939E5

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

22836.25

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4011.91

Transaction ID : B786D57A2E7404D7E9A0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B397010D2DC234F7C91B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B381B2EDEA1B64F5ABFA

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

12011.91

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE. SE

City
WASHINGTONState
DCZip Code
20003-1147Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

706.30

Transaction ID : BEB30931EAD01472CB52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
STE 400City
SAN FRANCISCOState
CAZip Code
94107-1725Purpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

19.85

Transaction ID : BCFB02C93A2CD45F19C7

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

City
ATLANTAState
GAZip Code
30308-1884Purpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

135.00

Transaction ID : BD8C53F19A4624C00BE6

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

861.15

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

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

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

135.00

Transaction ID : B5822B816A44E4A67A52

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

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

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

135.00

Transaction ID : BF35C2E69286047F5B99

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. MARION COUNTY REPUBLICAN CENTRAL COMMITTEEMailing Address 101 W OHIO ST
STE 2200

Date of Disbursement

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

City
INDIANAPOLISState
INZip Code
46204-4207

FEC Identification Number

CPurpose of Disbursement
EVENT SPONSORSHIP

001

Candidate Name

MARION COUNTY REPUBLICAN CENTRAL COMMITTEE

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : B83AA26C0F2EE450F9A6

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

1270.00

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

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

PAGE 45 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OAKEN BARREL BREWING COMPANYMailing Address 50 AIRPORT PKWY
STE LCity
GREENWOODState
INZip Code
46143-1438Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

81.49

Transaction ID : B6F686625DEA5489F9ED

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

City
INDIANAPOLISState
INZip Code
46204-3030Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.00

Transaction ID : B82975F60D603458B9A4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

City
INDIANAPOLISState
INZip Code
46204-3030Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.00

Transaction ID : BC9620DD4BD5444EBA8A

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

337.49

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

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

PAGE 46 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

Date of Disbursement

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

City
INDIANAPOLISState
INZip Code
46204-3030

FEC Identification Number

C

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

128.00

Transaction ID : B2F432440AF5743ADBD2

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. PANERA BREAD

Mailing Address 1400 S HIGHWAY DR

Date of Disbursement

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

City
FENTONState
MOZip Code
63026-2281

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

82.69

Transaction ID : B3B0DAFF136A34890947

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

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

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

C

Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4656.00

Transaction ID : BA936B83C37E94371B68

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

4866.69

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2025

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

CPurpose of Disbursement
FINANCE CONSULTING

001

Amount of Each Disbursement this Period

3000.00

Transaction ID : BC74A8C3975774B3198C

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2025

City
SAN FRANCISCOState
CAZip Code
94105-3000

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Amount of Each Disbursement this Period

77.29

Transaction ID : B5767C8AE29394E90847

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2025

City
SAN FRANCISCOState
CAZip Code
94105-3000

FEC Identification Number

CPurpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Amount of Each Disbursement this Period

84.39

Transaction ID : B93AE7B54811A4FA594A

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

3161.68

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

City
SAN FRANCISCOState
CAZip Code
94105-3000Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

81.68

Transaction ID : B02F9536C535248C5927

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : B11CC36F3997C4D6EB9F

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : B656AE1F68AA642D99D8

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

484.88

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : BDFBEE851D01544AEB51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRIBUTE STORE

Mailing Address 315 RAEMISCH RD

City
WAUNAKEEState
WIZip Code
53597-9571Purpose of Disbursement
BEREAVEMENT FLOWERS

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

82.93

Transaction ID : B179EC75E591944DBA3C

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

City
SAN FRANCISCOState
CAZip Code
94158-2203Purpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

36.98

Transaction ID : B432A0FB499CE47089D5

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

321.51

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.80

Transaction ID : B3A75581CFFB74DDCB56

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26.28

Transaction ID : B0BD797D45D044264A86

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.18

Transaction ID : BB819EEFA8CF94543977

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

75.26

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.62

Transaction ID : B6AF22981CE294779B66

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.99

Transaction ID : BB3118276D869490CAFB

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. UNBOUNCE

Mailing Address 100 GARFIELD ST

Date of Disbursement

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

City
DENVERState
COZip Code
80206-5597

FEC Identification Number

CPurpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

99.00

Transaction ID : B74C5AD6FC80B4C079D8

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

159.61

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

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

PAGE 52 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNBOUNCE

Mailing Address 100 GARFIELD ST

City
DENVERState
COZip Code
80206-5597Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : B8A4BFA6FFDBF4A6EB6A

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNBOUNCE

Mailing Address 100 GARFIELD ST

City
DENVERState
COZip Code
80206-5597Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : BDF887F5C752D4320A88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address 55 GLENLAKE PKWY

City
ATLANTAState
GAZip Code
30328-3474Purpose of Disbursement
SHIPPING/DELIVERY

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

257.35

Transaction ID : B96CF8C29886E4D9481A

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

455.35

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

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

PAGE 53 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WE THE PIZZA

Mailing Address 305 PENNSYLVANIA AVE. SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003-1148

FEC Identification Number

CPurpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

143.06

Transaction ID : B616447A1DBC94E73A13

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

Date of Disbursement

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

City
SOUTHPORTState
INZip Code
46227

FEC Identification Number

CPurpose of Disbursement
EXPENSE REIMBURSEMENT - MILEAGE

001

Amount of Each Disbursement this Period

330.33

Transaction ID : B58AB727941C244E29CC

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

Date of Disbursement

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

City
SOUTHPORTState
INZip Code
46227

FEC Identification Number

CPurpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMOS

001

Amount of Each Disbursement this Period

252.61

Transaction ID : B9F63864C489C46C9BC1

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

726.00

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

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

PAGE 54 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

218.82

Transaction ID : BAA5FB22673C6439FA40

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

City
SAN FRANCISCOState
CAZip Code
94158-2203Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.25

Transaction ID : B24548328AD8A4D34960

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : B3E0317AD6F5E47FCB3D

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

750.00

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

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

PAGE 55 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMOS

001

Category/
Type

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

268.21

Transaction ID : B2E40E5749C9749CE9D8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

City
SAN FRANCISCOState
CAZip Code
94158-2203Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15.55

Transaction ID : B96AE420D84524A37AC4

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

002

Category/
Type

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

100.66

Transaction ID : B29E5BF699A6D49F3BA0

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

268.21

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

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

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMOS

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

208.16

Transaction ID : B80CEB0D2A06540398A0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

159.25

Transaction ID : BB1AA803A759545AAB38

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

City
SAN FRANCISCOState
CAZip Code
94158-2203Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.91

Transaction ID : B79DEE87F315D4B85B68

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

208.16

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

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

PAGE 57 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : BCE6914415A7242428F5

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Candidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

C00694323

Amount of Each Disbursement this Period

0.95

Transaction ID : B691F62608501473ABDE

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Candidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

C00694323

Amount of Each Disbursement this Period

1.25

Transaction ID : BE6782552B37D4F8490E

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

752.20

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

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

PAGE 58 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

2.43

Transaction ID : B252DA61DCD5F4C93B47

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

2.28

Transaction ID : B1AE4C06B1B034414A38

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

261.68

Transaction ID : B69DD42B1984B4150A06

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

266.39

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

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

PAGE 59 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

60.23

Candidate Name
WINREDCategory/
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) ▼		

Transaction ID : B37435457DE1146EEA56

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

0.93

Candidate Name
WINREDCategory/
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) ▼		

Transaction ID : BC1A08EE10E594A54AED

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

1.18

Candidate Name
WINREDCategory/
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) ▼		

Transaction ID : BC8174E6643FC4E6A875

☐ Memo Item

State:

District:

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

62.34

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

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

PAGE 60 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

0.34

Transaction ID : B2977CD7700CE416DBAB

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

40.13

Transaction ID : B421C5C2B691D49E7B7D

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

1.75

Transaction ID : B3C0A4BC6687D4CF8BEE

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

42.22

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

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

PAGE 61 OF 76

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

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

3.93

Candidate Name
WINREDCategory/
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) ▼		

Transaction ID : BEEC301A73F6349A8BC4

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2025

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323Purpose of Disbursement
CREDIT CARD MERCHANT FEE

001

Amount of Each Disbursement this Period

0.30

Candidate Name
WINREDCategory/
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) ▼		

Transaction ID : BB3C0777A9B964E59A6E

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. ZOOM

Mailing Address 55 S ALMADEN BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2025

City
SAN JOSEState
CAZip Code
95113-1608

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

16.99

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

Transaction ID : B511C05EC889C4E96A4B

☐ Memo Item

State:

District:

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

21.22

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

78591.19

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 OF 76
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) SHREVE FOR CONGRESS	Transaction ID : C6A7F6FC589A04443B97
--	---------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) SHREVE, JEFFERSON, , ,		<input type="checkbox"/> Memo Item	Election: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 17182			
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred M M / D D / Y Y Y Y 09 / 16 / 2024	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------	--	---	---	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

PAGE 63 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C6FDE22CD942F476C8F9

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 05 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 64 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC99C6BF6D26247419FF

SHREVE FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 29 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 65 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CA041F3E6D2D64F809A6

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 66 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C90FFB25E53CC4FFE900

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

700000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 28 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

700000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 67 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C17DEF342EDB74A2FBAA

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 29 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 68 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBFF3D1FC2D0D46F6998

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 26 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

600000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 69 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C32DDF7217B2B428A8E7

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 21 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 70 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9FE6944440CD40C1A2F

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

300000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 71 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2BFDBFB36A9643EDAB8

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 07 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

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

PAGE 72 OF 76

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

NAME OF COMMITTEE (In Full)

Transaction ID : C755C9D8D3C4940199B2

SHREVE FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 29 / 2025M M / D D / Y Y Y Y
NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 73 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CE130FB8252BF49B5AF8

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 11 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 74 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C4C0B138262214F288FE

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 75 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CEA4F5FB9BCF54383A38

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 24 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

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

PAGE 76 OF 76

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

NAME OF COMMITTEE (In Full)

Transaction ID : C75AE888D13C34C5BBD3

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 23 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

7900000.00

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