

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Collins For Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5000.00	8000.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5000.00	8000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	599936.50	604436.50
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	599936.50	604436.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	305563.50	
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)	902000.00	

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

Collins For Congress

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

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	5000.00	8000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5000.00	8000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	900000.00	902000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	900000.00	902000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	905000.00	910000.00

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.....	599936.50	604436.50
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	599936.50	604436.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	500.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	905000.00
25. SUBTOTAL (add Line 23 and Line 24).....	905500.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	599936.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305563.50

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

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)
Collins For Congress

A. Full Name (Last, First, Middle Initial)
Collins, Chris, , ,

Mailing Address 162 S Beach Drive

City Marco Island	State FL	Zip Code 34145
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FEC ID number of contributing federal political committee. **C** H6FL19228

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 05 / 2026

Transaction ID : SA11D.4132

Amount of Each Receipt this Period
5000.00

Memo Item
In-kind - Contribution of books - My Remarkable Life

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

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

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

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Collins For Congress

A. Full Name (Last, First, Middle Initial)
Collins, Chris, , ,

Mailing Address 162 S Beach Drive

City Marco Island State FL Zip Code 34145

FEC ID number of contributing federal political committee. **C** H6FL19228

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
610000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2026

Transaction ID : SA13A.4100

Amount of Each Receipt this Period
600000.00

Memo Item
Candidate Loan

B. Full Name (Last, First, Middle Initial)
Collins, Chris, , ,

Mailing Address 162 S Beach Drive

City Marco Island State FL Zip Code 34145

FEC ID number of contributing federal political committee. **C** H6FL19228

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
910000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA13A.4101

Amount of Each Receipt this Period
300000.00

Memo Item
Candidate Loan

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

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).....▶	900000.00
TOTAL This Period (last page this line number only).....▶	900000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Collins For Congress

Full Name (Last, First, Middle Initial) A. Big Dog Strategies, LLC		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 100 Coastal Drive		FEC Identification Number C H6FL19228
City Charleston	State SC	Zip Code 29492
Purpose of Disbursement Direct Mail	Category/Type 004	
Candidate Name Collins, Chris, , ,	Amount of Each Disbursement this Period 44469.60	
Office Sought: <input checked="" 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 : SB17.4110
State: FL District: 19	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Coefficient Group LLC		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address 5100 Main Street		FEC Identification Number C H6FL19228
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Phones/Texting Campaign	Category/Type 004	
Candidate Name Collins, Chris, , ,	Amount of Each Disbursement this Period 5695.90	
Office Sought: <input checked="" 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 : SB17.4112
State: FL District: 19	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Coefficient Group LLC		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 5100 Main Street		FEC Identification Number C H6FL19228
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Polling	Category/Type 005	
Candidate Name Collins, Chris, , ,	Amount of Each Disbursement this Period 12500.00	
Office Sought: <input checked="" 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 : SB17.4116
State: FL District: 19	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	62665.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins For Congress

Full Name (Last, First, Middle Initial) A. Coefficient Group LLC		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 5100 Main Street		FEC Identification Number C H6FL19228
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Poll	Category/ Type 005	Amount of Each Disbursement this Period 12500.00
Candidate Name Collins, Chris, , ,	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4119
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 19	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Collins, Chris, , ,		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 162 S Beach Drive		FEC Identification Number C H6FL19228
City Marco Island	State FL	Zip Code 34145
Purpose of Disbursement In-kind - Contribution of books - My Remarkable Life	Category/ Type	Amount of Each Disbursement this Period 5000.00
Candidate Name Collins, Chris, , ,	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4133
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 19	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Perceptient Strategies		Date of Disbursement MM / DD / YYYY 02 / 18 / 2026
Mailing Address 1032 15th Street NW		FEC Identification Number C H6FL19228
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Research Report	Category/ Type 005	Amount of Each Disbursement this Period 7500.00
Candidate Name Collins, Chris, , ,	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4117
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 19	<input type="checkbox"/> Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Collins For Congress

Full Name (Last, First, Middle Initial) A. Spotlight Media Group LLC		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 1037 Cummings Circle		FEC Identification Number C H6FL19228
City Mount Pleasant	State SC	Zip Code 29464
Purpose of Disbursement Media Production	Category/ Type 004	
Candidate Name Collins, Chris, , ,	Amount of Each Disbursement this Period 12750.00	
Office Sought: <input checked="" 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 : SB17.4114
State: FL District: 19	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Strategic Media Placement Inc.		Date of Disbursement MM / DD / YYYY 01 / 26 / 2026
Mailing Address 7669 Stagers Loop		FEC Identification Number C H6FL19228
City Delaware	State OH	Zip Code 43015
Purpose of Disbursement Media Advertising	Category/ Type 004	
Candidate Name Collins, Chris, , ,	Amount of Each Disbursement this Period 499376.00	
Office Sought: <input checked="" 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 : SB17.4108
State: FL District: 19	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	512126.00
TOTAL This Period (last page this line number only).....▶	599791.50

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Collins For Congress** Transaction ID : **SC/10.4099**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Collins, Chris, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 162 S Beach Drive			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Marco Island	State FL	ZIP Code 34145	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 08 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<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:
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).....▶	2000.00
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

NAME OF COMMITTEE (In Full) **Collins For Congress** Transaction ID : **SC/10.4100**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Collins, Chris, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 162 S Beach Drive			<input type="checkbox"/> General
City Marco Island		State FL	ZIP Code 34145
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600000.00	0.00	600000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 22 / 2026	None	0.00 % (apr)	<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:
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

NAME OF COMMITTEE (In Full) **Collins For Congress** Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Collins, Chris, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 162 S Beach Drive			<input type="checkbox"/> General
City Marco Island		State FL	ZIP Code 34145
			<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate			

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 02 / 20 / 2026	MM / DD / YYYY None	0.00 % (apr)	<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: []
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).....▶	902000.00

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