

**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

LAUREL LEE FOR CONGRESS, INC.

ADDRESS (number and street)

16350 BRUCE B. DOWNS BLVD

PO BOX 47556



Check if different than previously reported. (ACC)

TAMPA

FL

33647

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00815373

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

15

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

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer CRATE, BRADLEY, , ,

Signature of Treasurer

CRATE, BRADLEY, , ,

Date

M M / D D / Y Y Y Y

10 / 15 / 2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	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))....	255850.79	559410.26
(b) Total Contribution Refunds (from Line 20(d))	0.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	255850.79	558010.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	95109.35	400634.12
(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))	95109.35	400634.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1097437.10	
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)	7500.00	

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

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 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).....

127704.00

215320.30

(ii) Unitemized

1146.79

4589.96

(iii) TOTAL of contributions
from individuals ▶

128850.79

219910.26

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

127000.00

339500.00

(d) The Candidate

0.00

0.00

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

255850.79

559410.26

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

99003.96

411398.58

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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)..... ▶

354854.75

970808.84

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.....

95109.35

400634.12

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

1400.00

(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

1400.00

21. OTHER DISBURSEMENTS

1800.00

1800.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

96909.35

403834.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

839491.70

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

354854.75

25. SUBTOTAL (add Line 23 and Line 24).....

1194346.45

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

96909.35

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

1097437.10

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

PAGE 5 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMOR, VICENTE, , ,

A.

Mailing Address 1702 WOODMARKER CT

City

BRANDON

State

FL

Zip Code

33510

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASC INTERNATIONAL USA

Occupation

INFORMATION REQUESTED

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
08 08 2025

Transaction ID : SA11AI.160402708

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AVILES, DIONEL, M, ,

B.

Mailing Address 800 NORTH TAMiami TRAIL

City

SARASOTA

State

FL

Zip Code

34236

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
09 11 2025

Transaction ID : SA11AI.161232004

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BELTRAN, MICHAEL, P, ,

C.

Mailing Address 15005 EAGLE PARK PL

City

LITHIA

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595336

Amount of Each Receipt this Period

1000.00

☐ 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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BERGERIS, DEBRA, , ,

A.

Mailing Address 13724 WALBROOKE DR

City

TAMPA

State

FL

Zip Code

33624

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 ▼

4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

Transaction ID : SA11AI.161031244

Amount of Each Receipt this Period

2000.00

☐

Memo Item

SEE REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

BERGERIS, DEBRA, , ,

Mailing Address 13724 WALBROOKE DR

City

TAMPA

State

FL

Zip Code

33624

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 ▼

4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

Transaction ID : SA11AI.161031244.1

Amount of Each Receipt this Period

- 1000.00

☒

Memo Item

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

BERGERIS, DEBRA, , ,

Mailing Address 13724 WALBROOKE DR

City

TAMPA

State

FL

Zip Code

33624

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 ▼

4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

Transaction ID : SA11AI.161031244.2

Amount of Each Receipt this Period

1000.00

☒

Memo Item

REDESIGNATION FROM PRIMARY

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

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

2000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BLAIR, ROBERT, M, ,

A. Mailing Address 408 PINE BLUFF DRIVE

City
LUTZState
FLZip Code
33549FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 04 2025

Transaction ID : SA11AI.161031241

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
BLAIR, ROBERT, M, ,
Mailing Address 408 PINE BLUFF DRIVECity
LUTZState
FLZip Code
33549FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 04 2025

Transaction ID : SA11AI.161031241.1

Amount of Each Receipt this Period

- 2000.00

☒ Memo Item

REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
BLAIR, ROBERT, M, ,
Mailing Address 408 PINE BLUFF DRIVECity
LUTZState
FLZip Code
33549FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 04 2025

Transaction ID : SA11AI.161031241.2

Amount of Each Receipt this Period

2000.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

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

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

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CASPER, BLAKE, J, ,

A. Mailing Address 4908 W NASSAU STCity
TAMPAState
FLZip Code
33607FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CASPER COMPANIESOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595338

Amount of Each Receipt this Period

5000.00

☐ Memo Item
SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

CASPER, BLAKE, J, ,

B. Mailing Address 4908 W NASSAU STCity
TAMPAState
FLZip Code
33607FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CASPER COMPANIESOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595338.1

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

CASPER, BLAKE, J, ,

C. Mailing Address 4908 W NASSAU STCity
TAMPAState
FLZip Code
33607FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CASPER COMPANIESOccupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595338.2

Amount of Each Receipt this Period

1500.00

☒ Memo Item
REDESIGNATION FROM PRIMARY**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)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CHRISTALDI, RONALD, A, ,

A. Mailing Address 3321 W CARRINGTON STCity
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKEROccupation
LAWYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11AI.160402704

Amount of Each Receipt this Period

3000.00

☐ Memo Item
SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

CHRISTALDI, RONALD, A, ,

B. Mailing Address 3321 W CARRINGTON STCity
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKEROccupation
LAWYER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11AI.160402704.1

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item
REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

CHRISTALDI, RONALD, A, ,

C. Mailing Address 3321 W CARRINGTON STCity
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKEROccupation
LAWYER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11AI.160402704.2

Amount of Each Receipt this Period

1500.00

☒ Memo Item
REDESIGNATION FROM PRIMARY**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)
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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DELAVERGNE, ROBIN, W, ,

A. Mailing Address 3629 S MACDILL AVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
08 08 2025

Transaction ID : SA11AI.160402703

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DINGLE, PHILLIP, S, ,

B. Mailing Address 1112 CULBREATH ISLES DRIVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHEDGE INVESTMENT PARTNERSOccupation
PRIVATE EQUITY INVESTOR

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
09 26 2025

Transaction ID : SA11AI.161595320

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

DINGLE, PHILLIP, S, ,

C. Mailing Address 1112 CULBREATH ISLES DRIVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHEDGE INVESTMENT PARTNERSOccupation
PRIVATE EQUITY INVESTOR

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
09 26 2025

Transaction ID : SA11AI.161595320.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

10000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DINGLE, PHILLIP, S, ,

A. Mailing Address 1112 CULBREATH ISLES DRIVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHEDGE INVESTMENT PARTNERSOccupation
PRIVATE EQUITY INVESTOR

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595320.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

FAISON, JAY, W, ,

B. Mailing Address 1355 GREENWOOD CLFS STE 400

City
CHARLOTTEState
NCZip Code
28204FEC ID number of contributing
federal political committee.

C

Name of Employer
2040 FOUNDATIONOccupation
FOUNDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161697363

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FAISON, JAY, W, ,

C. Mailing Address 1355 GREENWOOD CLFS STE 400

City
CHARLOTTEState
NCZip Code
28204FEC ID number of contributing
federal political committee.

C

Name of Employer
2040 FOUNDATIONOccupation
FOUNDER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161697364

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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 12 OF 271

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FARRELL, SEAN, M, ,

A.

Mailing Address 645 14TH PL NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAST CAPITAL ADVISORS

Occupation

PRINCIPAL

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
07 29 2025

Transaction ID : SA11AI.160141414

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FARRIOR, LAURA, F, ,

B.

Mailing Address 1815 BAYSHORE BLVD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595323

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

FARRIOR, LAURA, F, ,

C.

Mailing Address 1815 BAYSHORE BLVD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595323.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

7500.00

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

PAGE 13 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FARRIOR, LAURA, F, ,

A.

Mailing Address 1815 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33606FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595323.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

B.

Full Name (Last, First, Middle Initial)

FARRIOR, MARY LEE, NUNNALLY, ,

Mailing Address 3112 W ANGELES ST

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595330

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

C.

Full Name (Last, First, Middle Initial)

FARRIOR, MARY LEE, NUNNALLY, ,

Mailing Address 3112 W ANGELES ST

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595330.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

7000.00

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

PAGE 14 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FARRIOR, MARY LEE, NUNNALLY, ,

A.

Mailing Address 3112 W ANGELES ST

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595330.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

B.

Full Name (Last, First, Middle Initial)

FERMAN, JAMES, L, , JR

Mailing Address 1306 W. KENNEDY BLVD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN AUTO MANAGEMENTOccupation
DEALER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595332

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

C.

Full Name (Last, First, Middle Initial)

FERMAN, JAMES, L, , JR

Mailing Address 1306 W. KENNEDY BLVD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN AUTO MANAGEMENTOccupation
DEALER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595332.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

7000.00

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

PAGE 15 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FERMAN, JAMES, L, , JR

A.

Mailing Address 1306 W. KENNEDY BLVD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

FERMAN AUTO MANAGEMENT

Occupation

DEALER

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
09 26 2025

Transaction ID : SA11AI.161595332.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

B.

Full Name (Last, First, Middle Initial)

GLENN, HARRY, J, ,

Mailing Address 1540 GULF BLVD

UNIT 404

City

CLEARWATER

State

FL

Zip Code

33767

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAN SCOYOC ASSOCIATES

Occupation

VICE PRESIDENT

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
08 11 2025

Transaction ID : SA11AI.160432310

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

HEPSCHER, JOAN, M, ,

Mailing Address 12638 LAKE JOVITA BLVD

City

DADE CITY

State

FL

Zip Code

33525

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595337

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

PAGE 16 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEPSCHER, WILLIAM, S, ,

A.

Mailing Address 17911 BIMINI ISLE COURT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CANADIAN MEDSTORE

Occupation

BROKER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		26		2025

Transaction ID : SA11AI.161595341

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KOBLISKA, D, , ,

B.

Mailing Address 5812 BAYSHORE BLVD

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		04		2025

Transaction ID : SA11AI.161031239

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LILBURN, COREY, W, ,

C.

Mailing Address 15831 TRACKSIDE DR

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLTRUST INSURANCE

Occupation

BROKER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		26		2025

Transaction ID : SA11AI.161595340

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

4000.00

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

PAGE 17 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MARKARIAN, ANNE, R, ,

A. Mailing Address 13561 AVISTA DRIVECity
TAMPAState
FLZip Code
33624FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 04 2025

Transaction ID : SA11AI.161031112

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MORTIER, NICOLE, , ,

B. Mailing Address 3962 GEORGETOWN CT NWCity
WASHINGTONState
DCZip Code
20007FEC ID number of contributing
federal political committee.

C

Name of Employer
H&M STRATEGIESOccupation
PARTNER

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
08 04 2025

Transaction ID : SA11AI.160257006

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SANCHEZ, EULOGIO, J, ,

C. Mailing Address 1607 RIVERVIEW LNCity
BRADENTONState
FLZip Code
34209FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOVASCULAR AND VEIN CENTER OF FOccupation
PHYSICIAN

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
09 11 2025

Transaction ID : SA11AI.161232166

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)..... ▶

2150.00

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

PAGE 18 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SCHERLIS, BENJAMIN, , ,

A.

Mailing Address 7821 1ST AVE S

City

ST. PETERSBURG

State

FL

Zip Code

33707

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

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
09 / 26 / 2025

Transaction ID : SA11AI.161595333

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SINGER, GILBERT, , ,

B.

Mailing Address 3406 W MULLEN AVE

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARCADIS SINGER PA

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2025

Transaction ID : SA11AI.161031105

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SMITH, DARRELL, C, ,

C.

Mailing Address 3322 SIERRA CIRCLE

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

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
08 / 08 / 2025

Transaction ID : SA11AI.160402705

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3250.00

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

PAGE 19 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

STRASKE, JANICE, F, ,

A.

Mailing Address 1909 S. BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595324

Amount of Each Receipt this Period

7000.00

☐ Memo Item
SEE REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

STRASKE, JANICE, F, ,

Mailing Address 1909 S. BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595324.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item
REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

STRASKE, JANICE, F, ,

Mailing Address 1909 S. BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA11AI.161595324.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item
REDESIGNATION FROM PRIMARY

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

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

7000.00

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

PAGE 20 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

STRASKE, STEPHEN, B, , II

A.

Mailing Address 1909 S BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN MOTOR CAR COMPANY, INC.Occupation
ATTORNEY

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
09 26 2025

Transaction ID : SA11AI.161595325

Amount of Each Receipt this Period

7000.00

☐ Memo Item
SEE REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

STRASKE, STEPHEN, B, , II

Mailing Address 1909 S BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN MOTOR CAR COMPANY, INC.Occupation
ATTORNEY

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
09 26 2025

Transaction ID : SA11AI.161595325.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item
REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

STRASKE, STEPHEN, B, , II

Mailing Address 1909 S BROOKLINE STREET

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN MOTOR CAR COMPANY, INC.Occupation
ATTORNEY

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
09 26 2025

Transaction ID : SA11AI.161595325.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item
REDESIGNATION FROM PRIMARY

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

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

7000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SWINDAL, STEPHEN, , ,

A.

Mailing Address 908 S 20TH ST

City

TAMPA

State

FL

Zip Code

33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARINE TOWING

Occupation

EXECUTIVE

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2025D D / Y Y Y Y Y
26 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.161595328

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TYSON, ANTHONY, M, ,

B.

Mailing Address 5120 MARINA WAY
14008

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.160402707

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WELLS, JOHN, W, , III

C.

Mailing Address 13630 DIAMOND HEAD DR

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONSULTING ENGINEERING ASSOCIATES

Occupation

MECHANICAL ENGINEER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2025D D / Y Y Y Y Y
04 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.161031108

Amount of Each Receipt this Period

500.00

☐ 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)
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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		09		2025

Transaction ID : SA11AI.156634672

Amount of Each Receipt this Period

76.48

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
AVILES, JOSEPH, , ,

B.

Mailing Address 21 IRVING ST
APT 2City
NEWARKState
NJZip Code
07104FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

272.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		06		2025

Transaction ID : SA11AI.156634803

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		10		2025

Transaction ID : SA11AI.156671954

Amount of Each Receipt this Period

34.65

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

24.75

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MORRIS, RONALD, , ,

A.

Mailing Address 4390 GOLD TRAIL WAY

City

LOOMIS

State

CA

Zip Code

95650

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 ▼

272.25

Date of Receipt

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

Transaction ID : SA11AI.156672000

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.156740148

Amount of Each Receipt this Period

49.50

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)

WIN, NWE, , ,

Mailing Address 5701 E LITTLE WELLS PASS

City

CAVE CREEK

State

AZ

Zip Code

85331

FEC ID number of contributing
federal political committee.

C

Name of Employer

HONEYWELL

Occupation

PROJECT ENGINEER

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

544.50

Date of Receipt

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

Transaction ID : SA11AI.156740171

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

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

74.25

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

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address 4250 FAIRFAX DR

STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	5

Transaction ID : SA11AI.156815919

Amount of Each Receipt this Period

51.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR

STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.156855295

Amount of Each Receipt this Period

4.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR

STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

Transaction ID : SA11AI.157216794

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MORTIER, JEFF, , ,

A.

Mailing Address 4948 ESKRIDGE TER NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

FARRAGUT PARTNERS

Occupation

CONSULTANT

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
07 20 2025

Transaction ID : SA11AI.157217340

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1162.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2025

Transaction ID : SA11AI.159990366

Amount of Each Receipt this Period

96.89

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 25 2025

Transaction ID : SA11AI.160058214

Amount of Each Receipt this Period

505.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

1000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BREWER, ELIZABETH, , ,

A.

Mailing Address 30 BEECHWOOD RD

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOMERIEUXOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		23		2025

Transaction ID : SA11AI.160058344

Amount of Each Receipt this Period

5.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

BREWER, ELIZABETH, , ,

Mailing Address 30 BEECHWOOD RD

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOMERIEUXOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		23		2025

Transaction ID : SA11AI.160058345

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		28		2025

Transaction ID : SA11AI.160081976

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

505.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MACKINNON, JEFFREY, , ,

A.

Mailing Address 3753 OLIVER ST NW

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

FARRAGUT PARTNERS

Occupation

LOBBYIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	2	5

Transaction ID : SA11AI.160082264

Amount of Each Receipt this Period

500.00



Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11AI.160193721

Amount of Each Receipt this Period

1700.00



Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)

LEWIS, MARY, MELINDA, ,

Mailing Address 6506 BLUE WING DR

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

BL PARTNERS GROUP

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	5

Transaction ID : SA11AI.160193761

Amount of Each Receipt this Period

1000.00



Memo Item

EARMARKED THROUGH WINRED

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

1500.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THORNHILL, BARRETT, , ,

A.

Mailing Address 6034 CORLAND CT

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

FTP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	5

Transaction ID : SA11AI.160193762

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR

STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.160222307

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)

REYNOLDS, GARRETT, , ,

Mailing Address 616 W MONROE ST

City

AUSTIN

State

TX

Zip Code

78704

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPCODES

Occupation

FOUNDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	5

Transaction ID : SA11AI.160222401

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

1000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		04		2025

Transaction ID : SA11AI.160252393

Amount of Each Receipt this Period

1001.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
SABBAGH, JIHAD, , ,

Mailing Address 9322 MERLOT CIR

City
SEFFNERState
FLZip Code
33584FEC ID number of contributing
federal political committee.

C

Name of Employer

SYCAMORE ENGINEERING INC

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

Date of Receipt

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

Transaction ID : SA11AI.160252442

Amount of Each Receipt this Period

1.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
SABBAGH, JIHAD, , ,

Mailing Address 9322 MERLOT CIR

City
SEFFNERState
FLZip Code
33584FEC ID number of contributing
federal political committee.

C

Name of Employer

SYCAMORE ENGINEERING INC

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

Date of Receipt

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

Transaction ID : SA11AI.160252443

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

1001.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 06 2025

Transaction ID : SA11AI.160339983

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)
JOHNSON, TRAVIS, , ,

B.

Mailing Address 5640 19TH ST N

City
ARLINGTON

State
VA

Zip Code
22205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

1607 STRATEGIES

GOVT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 04 2025

Transaction ID : SA11AI.160340102

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.160394675

Amount of Each Receipt this Period

40.59

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

3500.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AVILES, JOSEPH, , ,

A.

Mailing Address 21 IRVING ST

APT 2

City

NEWARK

State

NJ

Zip Code

07104

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 ▼

272.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

Transaction ID : SA11AI.160394679

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

B.

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1162.25

Date of Receipt

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

Transaction ID : SA11AI.160398644

Amount of Each Receipt this Period

0.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address 4250 FAIRFAX DR

STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.160427184

Amount of Each Receipt this Period

3009.90

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

24.75

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 32 OF 271

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BUCKLEY, EDWARD, , ,

A.

Mailing Address 2109 W WATROUS AVE

City
TAMPA

State
FL

Zip Code
33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCHOLAR EDUCATION

Occupation
CHAIRMAN

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 Y
08 07 2025

Transaction ID : SA11AI.160427281

Amount of Each Receipt this Period

3000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.160434597

Amount of Each Receipt this Period

34.65

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

MORRIS, RONALD, , ,

C.

Mailing Address 4390 GOLD TRAIL WAY

City
LOOMIS

State
CA

Zip Code
95650

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 ▼

272.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 07 2025

Transaction ID : SA11AI.160434638

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

3024.75

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : SA11AI.160509218

Amount of Each Receipt this Period

49.50

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
WIN, NWE, , ,

B.

Mailing Address 5701 E LITTLE WELLS PASS

City
CAVE CREEKState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HONEYWELL

PROJECT ENGINEER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

544.50

Date of Receipt

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

Transaction ID : SA11AI.160509780

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11AI.160539292

Amount of Each Receipt this Period

1.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

49.50

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

LAUREL LEE FOR CONGRESS, INC.Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2025

Transaction ID : SA11AI.160603631

Amount of Each Receipt this Period

1504.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
ZAPOLSKY, DAVID, , ,

Mailing Address 301 W KINNAR PL

City
SEATTLEState
WAZip Code
98119FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

AMAZON

CHIEF GLOBAL AFFAIRS LEGAL OFFICER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2025

Transaction ID : SA11AI.160604972

Amount of Each Receipt this Period

1500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2025

Transaction ID : SA11AI.160674738

Amount of Each Receipt this Period

7000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

1500.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PHILLIPS, KEVIN, , ,

A.

Mailing Address 824 S ORLEANS AVE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEI GLOBAL PARTNERS HOLDINGS LLC

Occupation

INVESTMENT BANKING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.160675573

Amount of Each Receipt this Period

7000.00

☐ Memo ItemEARMARKED THROUGH WINRED: SEE
REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

PHILLIPS, KEVIN, , ,

Mailing Address 824 S ORLEANS AVE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEI GLOBAL PARTNERS HOLDINGS LLC

Occupation

INVESTMENT BANKING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.160675573.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

PHILLIPS, KEVIN, , ,

Mailing Address 824 S ORLEANS AVE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEI GLOBAL PARTNERS HOLDINGS LLC

Occupation

INVESTMENT BANKING

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.160675573.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

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

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

7000.00

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
08 27 2025

Transaction ID : SA11AI.160860156

Amount of Each Receipt this Period

50.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
08 29 2025

Transaction ID : SA11AI.160913492

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
REMINGTON, KRISTI, , ,

Mailing Address 2001 RHODE ISLAND AVE

City
MCLEANState
VAZip Code
22101FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CONSULTANT

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
08 27 2025

Transaction ID : SA11AI.160913532

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

500.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 02 2025

Transaction ID : SA11AI.160934877

Amount of Each Receipt this Period

950.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
SCOFIELD, JOHN, , ,

Mailing Address 4471 GREENWICH PKWY NW

City
WASHINGTONState
DCZip Code
20007FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CONSULTANT

S-3 GROUP

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
08 28 2025

Transaction ID : SA11AI.160934908

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161084825

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

1000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HELLMANN, RALPH, , ,

A.

Mailing Address 3310 OLD DOMINION BLVD

City

ALEXANDRIA

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

HM STRATEGIES

Occupation

GOVERNMENT RELATION

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

Transaction ID : SA11AI.161085351

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

BIPARTISAN NETWORK, LLC

Mailing Address 444 N. CAPITOL STREET, NW
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

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
0	9		0	8		2	0	2	5

Transaction ID : SA11AI.161169232

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SOLE PROPRIETORSHIP: SEE ATTRIBUTION

C.

Full Name (Last, First, Middle Initial)

HARRIS, HOLLY, , ,

Mailing Address 444 N. CAPITOL STREET NW
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

Transaction ID : SA11AI.161169233.0

Amount of Each Receipt this Period

2500.00

☒ Memo Item

BIPARTISAN NETWORK, LLC: SOLE PROPRIETOR

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

3000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 10 2025

Transaction ID : SA11AI.161192391

Amount of Each Receipt this Period

75.24

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
AVILES, JOSEPH, , ,

B.

Mailing Address 21 IRVING ST
APT 2City
NEWARKState
NJZip Code
07104FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

272.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 06 2025

Transaction ID : SA11AI.161192399

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
MORRIS, RONALD, , ,

C.

Mailing Address 4390 GOLD TRAIL WAY

City
LOOMISState
CAZip Code
95650FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

272.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 07 2025

Transaction ID : SA11AI.161192396

Amount of Each Receipt this Period

24.75

☐ Memo Item

EARMARKED THROUGH WINRED

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

49.50

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

A.

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1162.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2025

Transaction ID : SA11AI.161252966

Amount of Each Receipt this Period

95.00



Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2025

Transaction ID : SA11AI.161255432

Amount of Each Receipt this Period

500.00



Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C.

Full Name (Last, First, Middle Initial)

GIBLIN, CHRISTOPHER, , ,

Mailing Address 1304 CHANCEL PL

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OGR

GOVERNMENT RELATIONS

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
09 10 2025

Transaction ID : SA11AI.161255477

Amount of Each Receipt this Period

500.00



Memo Item

EARMARKED THROUGH WINRED

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

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

500.00

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)

LAUREL LEE FOR CONGRESS, INC.Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2025

Transaction ID : SA11AI.161267657

Amount of Each Receipt this Period

1549.50

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
VANDERBLOEMEN, BRIAN, , ,

Mailing Address 723 W BRADDOCK RD

City
ALEXANDRIAState
VAZip Code
22302FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BLOOM ENERGY

VICE-PRESIDENT FEDERAL AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		11		2025

Transaction ID : SA11AI.161267708

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WIN, NWE, , ,

Mailing Address 5701 E LITTLE WELLS PASS

City
CAVE CREEKState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HONEYWELL

PROJECT ENGINEER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

544.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		11		2025

Transaction ID : SA11AI.161267709

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

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

549.50

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 16 2025

Transaction ID : SA11AI.161314437

Amount of Each Receipt this Period

1.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M / D D / Y Y Y Y Y
09 18 2025

Transaction ID : SA11AI.161344097

Amount of Each Receipt this Period

3004.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
BENENSON, RICH, , ,

Mailing Address 230 PITKIN MESA DR

City
ASPENState
COZip Code
81611FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSTEIN LLPOccupation
MANAGING PARTNER

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
09 13 2025

Transaction ID : SA11AI.161344945

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

500.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MCKEMEY, GEORGE, , ,

A. Mailing Address 425 E NELSON AVE

City

ALEXANDRIA

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSTEINOccupation
GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.161344944

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

MOSCHELLA, WILLIAM, , ,

B. Mailing Address 6712 MARBO CT

City

FALLS CHURCH

State

VA

Zip Code

22046

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSTEIN HYATT FARBER SCHRECKOccupation
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
0	9		1	5		2	0	2	5

Transaction ID : SA11AI.161344943

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

VAN ETTEN, WILLIAM, ROB, ,

C. Mailing Address 9 TROUT BROOK CT

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing
federal political committee.

C

Name of Employer
BC ENGINEERED PRODUCTSOccupation
SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.161344942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

2500.00

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 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)

LAUREL LEE FOR CONGRESS, INC.Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

Transaction ID : SA11AI.161363539

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
CHOE, YONG, , ,Mailing Address 45 SUTTON SQ SW
UNIT 806City
WASHINGTONState
DCZip Code
20024FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

YC CONSULTING

CONSULTING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

Transaction ID : SA11AI.161363575

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161390518

Amount of Each Receipt this Period

2000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JOYNES, GRETA, , ,

A.

Mailing Address 1210 CHADWICK AVE

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

BHFS

Occupation

CONSULTANT

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
09 17 2025

Transaction ID : SA11AI.161390579

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

VAN, GLENN, , ,

B.

Mailing Address 40 COREY LN

City

MENDHAM

State

NJ

Zip Code

07945

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

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
09 17 2025

Transaction ID : SA11AI.161390578

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

VREEBURG, JAKE, , ,

C.

Mailing Address 8402 CROSSLEY PL

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIERCEGR

Occupation

GOVERNMENT RELATIONS

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
09 17 2025

Transaction ID : SA11AI.161390577

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

2000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161444788

Amount of Each Receipt this Period

4251.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
GALVIN, TOM, , ,

Mailing Address 409 OVERBROOK DR

City
BELLEAIRState
FLZip Code
33756FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DCA

EXEC DIR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	5	

Transaction ID : SA11AI.161444992

Amount of Each Receipt this Period

1.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
GALVIN, TOM, , ,

Mailing Address 409 OVERBROOK DR

City
BELLEAIRState
FLZip Code
33756FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DCA

EXEC DIR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1001.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	5	

Transaction ID : SA11AI.161444993

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

1001.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEAFITZ, JONATHAN, , ,

A.

Mailing Address 2704 EMMET RD

City

SILVER SPRING

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCMA

Occupation

LOBBYIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

Transaction ID : SA11AI.161444991

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

STREAM, GRAY, , ,

B.

Mailing Address 3965 S BLUE SAGE RD

City

LAKE CHARLES

State

LA

Zip Code

70605

FEC ID number of contributing
federal political committee.

C

Name of Employer

M STREAM MANAGEMENT

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

Transaction ID : SA11AI.161444990

Amount of Each Receipt this Period

2500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WILLIAMS, BRENDAN, , ,

C.

Mailing Address 922 N OVERLOOK DR

City

ALEXANDRIA

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

PBF ENERGY

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

Transaction ID : SA11AI.161444994

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

3250.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	5

Transaction ID : SA11AI.161494525

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
PORTER, CHRISTOPHER, , ,

B.

Mailing Address 204 CANAL CENTER PLZ

City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TRAVERE THERAPEUTICS

VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.161494633

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11AI.161595334

Amount of Each Receipt this Period

1500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

1000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KUIPERS BLAKE, MELISSA, , ,

A. Mailing Address 9433 SILVERTHORN RDCity
SEMINOLEState
FLZip Code
33777FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSTEIN HYATT FARBER SCHRECKOccupation
ATTORNEY

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
09 23 2025

Transaction ID : SA11AI.161595361

Amount of Each Receipt this Period

1500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED**B.** Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161617652

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
RICCIO, CLIFF, , , JR**C.** Mailing Address 4810 25TH ST NCity
ARLINGTONState
VAZip Code
22207FEC ID number of contributing
federal political committee.

C

Name of Employer
NCTAOccupation
SVP

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
09 25 2025

Transaction ID : SA11AI.161617712

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

2000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161671993

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
LAMPKIN, MARC, , ,

Mailing Address 1640 DAVIDSON RD

City
MC LEANState
VAZip Code
22101FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BROWNSTEIN HYATT FARBER SCHRECK

SHAREHOLDER

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
09		26		2025

Transaction ID : SA11AI.161672011

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

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

Transaction ID : SA11AI.161695120

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

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

1000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CHAPPELL, MICHAEL, , ,

A.

Mailing Address 2818 UNIVERSITY TER NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIERCE GOVERNMENT RELATIONS

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11AI.161695213

Amount of Each Receipt this Period

1000.00



Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161716626

Amount of Each Receipt this Period

1500.00



Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)

CHADWICK, KIRSTEN, , ,

Mailing Address 601 PRESIDENT FORD LN

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIERCE GOVERNMENT RELATIONS

Occupation

CONSULTANT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161716658

Amount of Each Receipt this Period

1000.00



Memo Item

EARMARKED THROUGH WINRED

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

2000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SALVOSA, DONN, , ,

A.Mailing Address 1629 K ST NW
STE 300City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161716659

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

HUNTON ANDREWS KURTH LLP

B.

Mailing Address 951 EAST BYRD STREET

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

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
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807893

Amount of Each Receipt this Period

1000.00

☐ Memo Item

PARTNERSHIP: SEE ATTRIBUTIONS

Full Name (Last, First, Middle Initial)

AHMAD, SYED, , ,

C.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807935

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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

1500.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AHN, NELSON, , ,

A.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807936

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

ARNOLD, MARK, , ,

B.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807937

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

BACON, BRITTANY, , ,

C.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807938

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BECKER, RYAN, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807939

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

BLANCHARD, ANDREW, , ,

B.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807941

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

BOCZKO, JEREMY, , ,

C.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807942

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BONAN, ANTHONY, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807940

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

BOWEN, JAMES, , ,

B.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807943

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

BREEDING, MARK, , ,

C.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161807946

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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

0.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BRENNIG, TAMMY, , ,

A.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

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MAYNARD, JOHN, , ,

A.

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SELBY, DOUGLASS, , ,

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10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161808131

Amount of Each Receipt this Period

5.00



Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

B.

Full Name (Last, First, Middle Initial)

WILLIAMSON, HOLLY, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161808132

Amount of Each Receipt this Period

5.00



Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

C.

Full Name (Last, First, Middle Initial)

WILTSIE, SUSAN, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.161808133

Amount of Each Receipt this Period

5.00



Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ZDUNKEWICZ, DAVID, , ,

A.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNTON ANDREWS KURTH LLPOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

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

Transaction ID : SA11AI.161808134

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

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

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

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

127704.00

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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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATIONS, INC. POLITICAL ACTION COMMITTEE (VERIZON PAC)

A.

Mailing Address 1300 I ST NW, STE 500 EAST

ATTN: TAYLOR CRAIG

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00186288

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
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161701396

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

JIM JORDAN FOR CONGRESS

B.

Mailing Address PO BOX 355

City

DELAWARE

State

OH

Zip Code

43015-0355

FEC ID number of contributing
federal political committee.**C** C00416594

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
0	8		0	4		2	0	2	5

Transaction ID : SA11C.160256689

Amount of Each Receipt this Period

2000.00



Memo Item

Full Name (Last, First, Middle Initial)

DUKE ENERGY CORPORATION PAC

C.Mailing Address 1301 PENNSYLVANIA AVENUE, NW
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00083535

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161807864

Amount of Each Receipt this Period

2500.00



Memo Item

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

5500.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)**A.**Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00076810

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
08		07		2025

Transaction ID : SA11C.160372214

Amount of Each Receipt this Period

1000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
WINRED**B.**Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107996.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		18		2025

Transaction ID : SA11C.156903842

Amount of Each Receipt this Period

5000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
FRIENDS OF COMMUNITY ONCOLOGY PAC**C.**Mailing Address 760 LYNNHAVEN PARKWAY
SUITE 150City
VIRGINIA BEACHState
VAZip Code
23452FEC ID number of contributing
federal political committee.**C** C00383976

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
07		16		2025

Transaction ID : SA11C.156903869

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

6000.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

REPUBLICAN MAINSTREET PARTNERSHIP PAC

A.

Mailing Address 411 NEW JERSEY AVENUE SE

City

WASHINGTON

State

DC

Zip Code

20003

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 / 2025

Transaction ID : SA11C.161267707

Amount of Each Receipt this Period

1000.00



Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

THE MOSAIC COMPANY POLITICAL ACTION COMMITTEE (MOSAICPAC)

Mailing Address 13830 CIRCA CROSSING DRIVE

City

LITHIA

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

C00455766

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
08 04 / 2025

Transaction ID : SA11C.160257007

Amount of Each Receipt this Period

1000.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 3200 COURTHOUSE LANE

City

EAGAN

State

MI

Zip Code

55121

FEC ID number of contributing
federal political committee.

C

C00034785

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
09 30 / 2025

Transaction ID : SA11C.161807875

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)
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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AEROVIRONMENT, INC PAC**A.**Mailing Address 241 18TH STREET SOUTH
SUITE 650City
ARLINGTONState
VAZip Code
22202FEC ID number of contributing
federal political committee.**C** C00797530

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
0	9		2	2		2	0	5	

Transaction ID : SA11C.161456042

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMEREN CORPORATION FEDERAL POLITICAL ACTION COMMITTEE (AMEREN FEDPAC)**B.**Mailing Address 1331 PENNSYLVANIA AVE., NW
SUITE 550SCity
WASHINGTONState
DCZip Code
20004-1710FEC ID number of contributing
federal political committee.**C** C00206136

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
0	9		3	0		2	0	5	

Transaction ID : SA11C.161695124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**C.**Mailing Address 777 6TH STREET, NW
SUITE 200City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00024521

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
0	7		1	5		2	0	5	

Transaction ID : SA11C.156793127

Amount of Each Receipt this Period

1000.00

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

2500.00

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
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20036-3971

FEC 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 Y
09 11 2025

Transaction ID : SA11C.161230977

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN CAR RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 584

City
LONG LAKE

State
NY

Zip Code
12847

FEC ID number of contributing
federal political committee.

C C00612010

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
09 22 2025

Transaction ID : SA11C.161456046

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF CARDIOLOGY PAC (HEARTPAC)

Mailing Address 2400 N ST NW

City
WASHINGTON

State
DC

Zip Code
20037-1153

FEC ID number of contributing
federal political committee.

C C00375360

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
09 16 2025

Transaction ID : SA11C.161318156

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)
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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC**A.** Mailing Address 20 F ST NW, STE 1000

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00382424

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
0	7		1	5		2	0	2	5

Transaction ID : SA11C.156793129

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC**B.** Mailing Address 20 F ST NW, STE 1000

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00382424

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
0	8		0	4		2	0	2	5

Transaction ID : SA11C.160256693

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC**C.** Mailing Address 20 F ST NW, STE 1000

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00382424

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
0	8		0	7		2	0	2	5

Transaction ID : SA11C.160397865

Amount of Each Receipt this Period

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☐ Memo Item

CHARGEBACK

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

1000.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**A.**

Mailing Address 400 C STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.**C** C00000729

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
0	8		2	2		2	0	5	

Transaction ID : SA11C.160782483

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**B.**

Mailing Address P.O. BOX 66

City

DANIA BEACH

State

FL

Zip Code

33004-0066

FEC ID number of contributing
federal political committee.**C** C00027532

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
0	7		2	9		2	0	5	

Transaction ID : SA11C.160141410

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)**C.**Mailing Address 5225 WISCONSIN AVE., NW
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.**C** C00325332

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
0	7		2	9		2	0	5	

Transaction ID : SA11C.160141411

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:
(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address P. O. DRAWER 938

City

THIBODAUX

State

LA

Zip Code

70302

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 ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2025

Transaction ID : SA11C.156793131

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

Mailing Address P. O. DRAWER 938

City

THIBODAUX

State

LA

Zip Code

70302

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 ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2025

Transaction ID : SA11C.156793133

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMGEN INC. POLITICAL ACTION COMMITTEEMailing Address 601 13TH STREET, NW
SUITE 1100 NORTH

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00251876

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
08		04		2025

Transaction ID : SA11C.160256691

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:
(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ANIMAL WELLNESS ACTION PACMailing Address 611 PENNSYLVANIA AVE., SE
#136City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00679860

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	9		2	2		2	0	5	

Transaction ID : SA11C.161456048

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEEMailing Address 2300 WILSON BLVD.
SUITE 300City
ARLINGTONState
VAZip Code
22201-3308FEC ID number of contributing
federal political committee.**C** C00082917

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
0	9		3	0		2	0	5	

Transaction ID : SA11C.161807871

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AVIS BUDGET GROUP, INC. PAC

Mailing Address 379 INTERPACE PARKWAY

City
PARSIPPANYState
NJZip Code
07054FEC ID number of contributing
federal political committee.**C** C00335026

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
0	9		2	2		2	0	5	

Transaction ID : SA11C.161456049

Amount of Each Receipt this Period

2500.00

☐ 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 RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK POLITICAL ACTION COMMITTEE)

A.

Mailing Address 675 15TH STREET
SUITE 2900

City
DENVER

State
CO

Zip Code
80202

FEC ID number of contributing
federal political committee.

C C00390583

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
09 30 2025

Transaction ID : SA11C.161807867

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BLACKROCK FUNDS SERVICES GROUP LLC POLITICAL ACTION COMMITTEE (BLACKROCK PAC)

B.

Mailing Address 50 HUDSON YARDS

City
NEW YORK

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C C00479246

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
07 15 2025

Transaction ID : SA11C.156793134

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BLANK ROME PAC

C.

Mailing Address 1825 EYE STREET NW

City
WASHINGTON

State
DC

Zip Code
20006

FEC ID number of contributing
federal political committee.

C C00150797

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
09 30 2025

Transaction ID : SA11C.161695215

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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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BRETT PAC-THE LEADERSHIP PAC OF U.S. REPRESENTATIVE BRETT GUTHRIE**A.**

Mailing Address 504 DEREK AVENUE

City

ELIZABETHTOWN

State

KY

Zip Code

42701-9168

FEC ID number of contributing
federal political committee.**C** C00483487

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
08		04		2025

Transaction ID : SA11C.160256694

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

CALIFORNIA DAIRIES, INC. FEDERAL POLITICAL ACTION COMMITTEEMailing Address 1127-11TH STREET
SUITE 210

City

SACRAMENTO

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.**C** C00349746

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
09		11		2025

Transaction ID : SA11C.161232169

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATIONMailing Address 5001 EXECUTIVE PARKWAY
ROOM #3W001

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing
federal political committee.**C** C00035006

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
09		30		2025

Transaction ID : SA11C.161695521

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)..... ►

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CITIGROUP INC. PAC - FEDERAL (CITI PAC - FEDERAL)**A.**

Mailing Address 1101 PENNSYLVANIA AVE NW 12TH FL

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00008474

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
0	9		2	2		2	0	2	5

Transaction ID : SA11C.161456051

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CITIZENS FOR CANCER AWARENESS FEDERAL PAC**B.**

Mailing Address 610 S BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.**C** C00455907

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
0	8		0	8		2	0	2	5

Transaction ID : SA11C.160402706

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CONSTELLATION ENERGY CORPORATION EMPLOYEE POLITICAL ACTION COMMITTEE (CEPAC)**C.**Mailing Address 250 MASSACHUSETTS AVE NW
STE 760

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00793711

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
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161695593

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

COX ENTERPRISES PAC (COXPAC) INC.

A.

Mailing Address 975 F STREET NW SUITE 300

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00477653

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
09 12 2025

Transaction ID : SA11C.161253916

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DELTA AIR LINES PAC

B.

Mailing Address 601 PENNSYLVANIA AVE NW
SUITE 700 NORTH

City

WASHINGTON DC

State

WA

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00104802

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
09 30 2025

Transaction ID : SA11C.161695633

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DENTONS US LLP PAC

C.

Mailing Address 1301 K STREET NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00216127

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
09 22 2025

Transaction ID : SA11C.161456052

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

6000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DOMINION ENERGY, INC. POLITICAL ACTION COMMITTEE - DOMINION PAC**A.**

Mailing Address 600 E. CANAL STREET, 8TH FLOOR

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.**C** C00108209

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
09 30 2025

Transaction ID : SA11C.161695639

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DOW INC. PAC (DOWPAC)**B.**

Mailing Address 2211 H.H. DOW WAY

City
MIDLANDState
MIZip Code
48674FEC ID number of contributing
federal political committee.**C** C00074096

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
07 15 2025

Transaction ID : SA11C.156793136

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DROPBOX INC PAC**C.**Mailing Address 28 LIBERTY SHIP WAY
SUITE 2815City
SAUSALITOState
CAZip Code
94965FEC ID number of contributing
federal political committee.**C** C00695304

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
09 16 2025

Transaction ID : SA11C.161318317

Amount of Each Receipt this Period

1000.00

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

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

EMD SERONO, INC. POLITICAL ACTION COMMITTEE**A.**

Mailing Address ONE TECHNOLOGY PLACE

City

ROCKLAND

State

MA

Zip Code

02370

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

C00258236

Name of Employer

Occupation

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
09 / 30 / 2025

Transaction ID : SA11C.161695640

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**B.**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042

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

C00088591

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
09 / 09 / 2025

Transaction ID : SA11C.161177366

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ENERGY MARKETERS OF AMERICA SMALL BUSINESS COMMITTEE PAC (EMA SBC PAC)**C.**Mailing Address 300 NEW JERSEY AVENUE
SUITE 924

City

WASHINGTON

State

DC

Zip Code

20001

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

C00035204

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2025

Transaction ID : SA11C.160141412

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)..... ►

3500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ENTERGY CORPORATION EMPLOYEE POLITICAL ACTION COMMITTEE (ENPAC)Mailing Address 425 WEST CAPITOL AVENUE
STE24BCity
LITTLE ROCKState
ARZip Code
72201FEC ID number of contributing
federal political committee.**C** C00363879

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
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161695662

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ENTERPRISE HOLDINGS, INC. / ENTERPRISE MOBILITY POLITICAL ACTION COMMITTEE

Mailing Address 600 CORPORATE PARK DRIVE

City
ST. LOUISState
MOZip Code
63105FEC ID number of contributing
federal political committee.**C** C00219642

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
0	8		1	1		2	0	2	5

Transaction ID : SA11C.160432308

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FLORIDA FRUIT & VEGETABLE ASSOCIATION POLITICAL ACTION COMMITTEEMailing Address 800 TRAFALGAR COURT
SUITE 200City
MAITLANDState
FLZip Code
32751FEC ID number of contributing
federal political committee.**C** C00232967

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11C.161231952

Amount of Each Receipt this Period

1500.00

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

3500.00

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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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FOX CORPORATION POLITICAL ACTION COMMITTEE (FOX PAC)**A.**Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 200 WEST

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00693002

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
09 09 2025

Transaction ID : SA11C.161177334

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GENERAL DYNAMICS EMPLOYEE PAC)**B.**

Mailing Address 11011 SUNSET HILLS ROAD

City

RESTON

State

VA

Zip Code

20190

FEC ID number of contributing
federal political committee.**C** C00078451

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
09 09 2025

Transaction ID : SA11C.161177335

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GOOGLE LLC NETPAC**C.**Mailing Address 25 MASSACHUSETTS AVE. NW
9TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00428623

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
08 11 2025

Transaction ID : SA11C.160432309

Amount of Each Receipt this Period

1000.00

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

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

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

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for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEALTH & FITNESS ASSOCIATION PAC (FITPAC)

A. Mailing Address 70 FARGO STREET

City
BOSTON

State
MA

Zip Code
02210

FEC ID number of contributing
federal political committee.

C C00335257

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
09 30 2025

Transaction ID : SA11C.161697362

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HOUSE CONSERVATIVES FUND

B. Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C C00326439

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
08 04 2025

Transaction ID : SA11C.160256696

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HUMANE WORLD ACTION FUND POLITICAL ACTION COMMITTEE

C. Mailing Address 1255 23RD STREET, NW
SUITE 455

City
WASHINGTON

State
DC

Zip Code
20037

FEC ID number of contributing
federal political committee.

C C00466813

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
09 16 2025

Transaction ID : SA11C.161318321

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

6500.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

INTERNATIONAL TRADEMARK ASSOCIATION POLITICAL ACTION COMMITTEE (INTA PAC)

A.Mailing Address 675 THIRD AVENUE
FLOOR 3City
NEW YORKState
NYZip Code
10017FEC ID number of contributing
federal political committee.**C** C00348243

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
0	9		2	3		2	0	5	

Transaction ID : SA11C.161592608

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)

B.

Mailing Address 1601 K STREET, NW

City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00213173

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
0	9		1	6		2	0	5	

Transaction ID : SA11C.161318318

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LIQUID ENERGY PIPELINE ASSOCIATION PAC

C.Mailing Address 900 17TH STREET, NW
SUITE 600City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00486779

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
0	8		1	8		2	0	5	

Transaction ID : SA11C.160601154

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)
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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**A.**Mailing Address 2121 CRYSTAL DRIVE
SUITE 100City
ARLINGTONState
VAZip Code
22202FEC 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
08 07 2025

Transaction ID : SA11C.160372215

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEEMailing Address 2121 CRYSTAL DRIVE
SUITE 100City
ARLINGTONState
VAZip Code
22202FEC 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
09 30 2025

Transaction ID : SA11C.161701766

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A - FEDERAL ONLY

Mailing Address 200 PARK AVENUE

City
NEW YORKState
NYZip Code
10166FEC ID number of contributing
federal political committee.**C** C00493551

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
09 02 2025

Transaction ID : SA11C.160944563

Amount of Each Receipt this Period

1000.00

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

3000.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**A.**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00238725

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
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161807862

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF BENEFITS AND INSURANCE PROFESSIONALS PAC (NABIP PAC)**B.**Mailing Address 999 E STREET, NW
SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00283135

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
0	9		2	6		2	0	2	5

Transaction ID : SA11C.161595342

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**C.**Mailing Address 1201 PENNSYLVANIA AVENUE, NW
12TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00113811

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
0	9		2	2		2	0	2	5

Transaction ID : SA11C.161456055

Amount of Each Receipt this Period

5000.00

☐ Memo Item

7000.00

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)
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(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**A.**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing
federal political committee.**C** C00053553

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
0	9		1	6		2	0	2	5

Transaction ID : SA11C.161318320

Amount of Each Receipt this Period

1000.00

☐ 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

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.**C** C00002972

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		2	2		2	0	2	5

Transaction ID : SA11C.157198017

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NEWS CORPORATION POLITICAL ACTION COMMITTEE (NEWS CORP PAC)**C.**Mailing Address 1211 AVENUE OF THE AMERICAS
C/O NEWS CORPORATION

City

NEW YORK

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.**C** C00546101

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
0	7		2	9		2	0	2	5

Transaction ID : SA11C.160141413

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)Mailing Address 1550 LIBERTY RIDGE DRIVE
SUITE 115City
WAYNEState
PAZip Code
19087FEC ID number of contributing
federal political committee.**C** C00562546

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
08		04		2025

Transaction ID : SA11C.160256695

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEEMailing Address 1201 F ST NW
SUITE 1100City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00239848

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
09		30		2025

Transaction ID : SA11C.161807860

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PINNACLE WEST CAPITAL CORPORATION PACMailing Address PO BOX 53999
MS 9505City
PHOENIXState
AZZip Code
85072-2680FEC ID number of contributing
federal political committee.**C** C00015933

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
09		30		2025

Transaction ID : SA11C.161807691

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 RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
POL SINELLI PAC

A. Mailing Address 900 W. 48TH PLACE
SUITE 900

City State Zip Code
KANSAS CITY MO 64112

FEC ID number of contributing
federal political committee. **C** C00445981

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
09 30 2025

Transaction ID : SA11C.161697365

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

B. Mailing Address 701 PENNSYLVANIA AVENUE NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee. **C** C00095869

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
09 30 2025

Transaction ID : SA11C.161716604

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

C. Mailing Address 655 NEW YORK AVE NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee. **C** C00107235

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
09 30 2025

Transaction ID : SA11C.161701399

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

7000.00

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP PAC**A.**

Mailing Address 610 S. BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.**C** C00433060

Name of Employer

Occupation

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161719864

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP PAC**B.**

Mailing Address 610 S. BOULEVARD

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.**C** C00433060

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID : SA11C.160372209

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS**C.**

Mailing Address PO BOX 23219

City

JEFFERSON

State

LA

Zip Code

70183

FEC ID number of contributing
federal political committee.**C** C00394957

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11C.161231180

Amount of Each Receipt this Period

2000.00

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

8000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SONY PICTURES ENTERTAINMENT, INC. PAC**A.**

Mailing Address 10202 W. WASHINGTON BLVD.

City

CULVER CITY

State

CA

Zip Code

90232

FEC ID number of contributing
federal political committee.**C** C00282038

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
0	8		1	8		2	0	2	5

Transaction ID : SA11C.160601155

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City

RENVILLE

State

MN

Zip Code

56284

FEC ID number of contributing
federal political committee.**C** C00166348

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
0	8		0	4		2	0	2	5

Transaction ID : SA11C.160257008

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

THE ASCAP LEGISLATIVE FUND FOR THE ARTS

Mailing Address 250 WEST 57TH STREET

City

NEW YORK

State

NY

Zip Code

10107

FEC ID number of contributing
federal political committee.**C** C00228296

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.161695210

Amount of Each Receipt this Period

1500.00

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

3500.00

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
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

02229

FEC ID number of contributing
federal political committee.

C C00467431

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
09 11 2025

Transaction ID : SA11C.161231987

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE GOOD FUND

B.

Mailing Address 5341 FOX RIDGE ROAD

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C C00257956

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
09 22 2025

Transaction ID : SA11C.161456057

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE NIELSEN COMPANY (US), LLC FEDERAL POLITICAL ACTION COMMITTEE (NIELSEN PAC)

C.

Mailing Address 675 6TH AVE

City

NEW YORK

State

NY

Zip Code

10011

FEC ID number of contributing
federal political committee.

C C00521328

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
07 15 2025

Transaction ID : SA11C.156793138

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

6000.00

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
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)**A.**Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00361758

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 Y
08		18		2025

Transaction ID : SA11C.160601156

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00361758

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 Y
08		18		2025

Transaction ID : SA11C.160601159

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (TOYOTA/LEXUS PAC)

Mailing Address 325 7TH STREET, NW, SUITE 1000

City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00542365

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
08		05		2025

Transaction ID : SA11C.160260565

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)..... ►

5500.00

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
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

A. Mailing Address 702 S.W. 8TH STREET

City
BENTONVILLEState
ARZip Code
72716-0150FEC ID number of contributing
federal political committee.

C C00093054

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
08 18 2025

Transaction ID : SA11C.160601158

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)

B. Mailing Address 701 PENNSYLVANIA AVE NW
SUITE 250City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.

C C00107771

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
09 22 2025

Transaction ID : SA11C.161456059

Amount of Each Receipt this Period

1000.00

☐ 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

Amount of Each Receipt this Period

☐ Memo Item

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

2000.00

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

127000.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

EMMER MAJORITY BUILDERS

A.

Mailing Address 824 S. MILLEDGE AVE. STE. 101

City
ATHENSState
GAZip Code
30605FEC ID number of contributing
federal political committee.

C C00859058

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23629.40

Date of Receipt

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

Transaction ID : SA12.161716178

Amount of Each Receipt this Period

14725.99

☐ Memo Item

JFC TRANSFER: SEE ATTRIBUTION(S)

B.

Full Name (Last, First, Middle Initial)

AUSTIN, TANI, DRU, ,

Mailing Address 5563 RUSTIC MANOR DR

City
BROWNSVILLEState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer

STARKEY HEARING TECHNOLOGIES

Occupation
EXECUTIVE

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
09 26 2025

Transaction ID : SA12.161879365

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

AUSTIN, WILLIAM, F, ,

Mailing Address 5563 RUSTIC MANOR DR

City
BROWNSVILLEState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer

STARKEY HEARING TECHNOLOGIES

Occupation
EXECUTIVE

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
09 26 2025

Transaction ID : SA12.161879364

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

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

14725.99

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BLATTNER, JOHN, S, ,

A.

Mailing Address 32277 NOB HILL DR

City
AVONState
MNZip Code
56310FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

565.22

Date of Receipt

M M / D D / Y Y Y Y Y
08 25 2025

Transaction ID : SA12.161879354

Amount of Each Receipt this Period

565.22

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

B.

Full Name (Last, First, Middle Initial)

CHAMP, NORMAN, B, ,

Mailing Address 829 PARK AVE
APT 5BCity
NEW YORKState
NYZip Code
10021FEC ID number of contributing
federal political committee.

C

Name of Employer
KIRKLAND AND ELLISOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

565.22

Date of Receipt

M M / D D / Y Y Y Y Y
09 22 2025

Transaction ID : SA12.161879361

Amount of Each Receipt this Period

565.22

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

CHRISTIANSEN, JON, , ,

Mailing Address 1609 BREAKWATER LN

City
PLANOState
TXZip Code
75093FEC ID number of contributing
federal political committee.

C

Name of Employer
DILLON GAGEOccupation
CFO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

595.24

Date of Receipt

M M / D D / Y Y Y Y Y
08 28 2025

Transaction ID : SA12.161879356

Amount of Each Receipt this Period

595.24

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

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

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

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HILL, LOUIS, F, ,

A.

Mailing Address 1315 RED FOX RD

STE 200

City

SAINT PAUL

State

MN

Zip Code

55112

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKWOOD CAPITAL MANAGEMENT

Occupation

CHAIRMAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA12.161879359

Amount of Each Receipt this Period

541.67



Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

KIDAN, ADAM, R, ,

B.

Mailing Address 5712 GAUGUIN TER

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTIC SOLUTIONS GROUP

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1271.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : SA12.161879362

Amount of Each Receipt this Period

1271.79



Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

IN-KIND: EVENT CATERING AND FACILITY RENTAL

Full Name (Last, First, Middle Initial)

OREN, DONALD, G, ,

C.

Mailing Address 3105 SANDY HOOK DR

City

ROSEVILLE

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer

DART TRANSIT CO

Occupation

OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : SA12.161879355

Amount of Each Receipt this Period

750.00



Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

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

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

0.00

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PETERFFY, THOMAS, , ,

A.

Mailing Address 1255 S OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTERACTIVE BROKERS

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.161879360

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

ROCHE, KEVIN, H, ,

B.

Mailing Address 6301 WESTWOOD CT

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCHE CONSULTING LLC

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

333.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

Transaction ID : SA12.161879358

Amount of Each Receipt this Period

333.34

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

ROSEN, THOMAS, J, ,

C.

Mailing Address PO BOX 933

City

FAIRMONT

State

MN

Zip Code

56031

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROSEN DIVERSIFIED

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3666.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA12.161879363

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
EMMER MAJORITY BUILDERS

A. Mailing Address 824 S. MILLEDGE AVE. STE. 101

City
ATHENSState
GAZip Code
30605FEC ID number of contributing
federal political committee.

C C00859058

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23629.40

Date of Receipt

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

Transaction ID : SA12.161716618

Amount of Each Receipt this Period

8903.41

☐ Memo Item

JFC TRANSFER: SEE ATTRIBUTION(S)

B. Full Name (Last, First, Middle Initial)
AUSTIN, TANI, DRU, ,

Mailing Address 5563 RUSTIC MANOR DR

City
BROWNSVILLEState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer

STARKEY HEARING TECHNOLOGIES

Occupation
EXECUTIVE

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
09 26 2025

Transaction ID : SA12.161879369

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

C. Full Name (Last, First, Middle Initial)
AUSTIN, WILLIAM, F, ,

Mailing Address 5563 RUSTIC MANOR DR

City
BROWNSVILLEState
TXZip Code
78526FEC ID number of contributing
federal political committee.

C

Name of Employer

STARKEY HEARING TECHNOLOGIES

Occupation
EXECUTIVE

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
09 26 2025

Transaction ID : SA12.161879368

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

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

8903.41

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PETERFFY, THOMAS, , ,

A.

Mailing Address 1255 S OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTERACTIVE BROKERS

Occupation

OWNER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.161879366

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

B.

Full Name (Last, First, Middle Initial)

ROSEN, THOMAS, J, ,

Mailing Address PO BOX 933

City

FAIRMONT

State

MN

Zip Code

56031

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROSEN DIVERSIFIED

Occupation

CEO

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3666.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA12.161879367

Amount of Each Receipt this Period

166.67

☒ Memo Item

JFC TRANSFER: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

LAUREL LEE VICTORY FUND

Mailing Address 16350 BRUCE B. DOWNS BLVD
P.O. BOX 47556

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

C00826230

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

333112.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA12.161778378

Amount of Each Receipt this Period

51079.10

☐ Memo Item

JFC TRANSFER: SEE ATTRIBUTION(S)

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

51079.10

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

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ALFONSO, CARLOS, , ,

A.

Mailing Address 2913 W HARBOR VIEW AVE

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLIANT PARTNERS DEVELOPMENT

Occupation

REAL ESTATE

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.161879139

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

ANGEL, GARYN, , ,

B.

Mailing Address 1214 W CASS ST

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

FARM-ED

Occupation

CEO

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID : SA12.161879110

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BERGERON, RONALD, , ,

C.

Mailing Address 19612 SW 69TH PLACE

City

FORT LAUDERDALE

State

FL

Zip Code

33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA12.161879140

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BERNSTEIN, STEVEN, , ,

A.

Mailing Address 608 S ORLEANS AVE

City
TAMPAState
FLZip Code
33606FEC ID number of contributing
federal political committee.

C

Name of Employer
FISHER PHILLIPSOccupation
ATTORNEY

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
07 27 2025

Transaction ID : SA12.161879137

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BRANDON, DAVID, , ,

B.

Mailing Address 555 PALM HARBOR BLVD

City
PALM HARBORState
FLZip Code
34683FEC ID number of contributing
federal political committee.

C

Name of Employer
BRANDON CONSTRUCTIONOccupation
GENERAL CONTRACTOR

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
09 15 2025

Transaction ID : SA12.161879114

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BRITTONHARR, SHANNON, , ,

C.

Mailing Address 3213 W PARKLAND BLVD

City
TAMPAState
FLZip Code
33609FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

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
09 22 2025

Transaction ID : SA12.161879123

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CELESTAN, GREGORY, , ,

A.

Mailing Address 2816 N JEFFERSON ST

City

TAMPA

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer

CELESTAR CORPORATION

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

Transaction ID : SA12.161879126

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

CHILLURA, PATRICIA, , ,

B.

Mailing Address 2924 W VILLA ROSA PARK

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA12.161879136

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

DOMINGUEZ, JADE, , ,

C.

Mailing Address 3618 S RENELLIE DR

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLTEC USA CORP

Occupation

DIRECTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA12.161879127

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DOWNS, DANIEL, , ,

A.

Mailing Address 18503 AMBLY LN

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CANADIAN MEDSTORE

Occupation

REGIONAL DIRECTOR

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
09 / 26 / 2025D D / Y Y Y Y Y
26 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879132

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

FARRIOR, PRESTON, , ,

B.

Mailing Address 4420 W SEVILLA ST

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

FERMAN AUTOMOTIVE

Occupation

SALES MGR

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
09 / 23 / 2025D D / Y Y Y Y Y
23 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879125

Amount of Each Receipt this Period

3500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

GALVANO, BILL, , ,

C.

Mailing Address 1023 MANATEE AVE W

City

BRADENTON

State

FL

Zip Code

34205

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRIMES GALVANO

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2025D D / Y Y Y Y Y
22 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879121

Amount of Each Receipt this Period

2500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GALVANO, BILL, , ,

A.

Mailing Address 1023 MANATEE AVE W

City

BRADENTON

State

FL

Zip Code

34205

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRIMES GALVANOOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA12.161879122

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

GARATEIX, ERNIE, , ,

Mailing Address 1401 N WEST SHORE BLVD

City

TAMPA

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer
HERITAGE INSURANCEOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

Transaction ID : SA12.161879116

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

GITHLER, KIM, , ,

Mailing Address 50 CENTRAL AVE
STE 980

City

SARASOTA

State

FL

Zip Code

34236

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONEYSHOWOccupation
CHIEF EXECUTIVE OFFICER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

Transaction ID : SA12.161879104

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GOBUTY, MARSHALL, , ,

A.Mailing Address 35 WATERGATE DR
STE 806City
SARASOTAState
FLZip Code
34236FEC ID number of contributing
federal political committee.

C

Name of Employer
PEARL HOMESOccupation
DEVELOPER

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
08 / 21 / 2025

Transaction ID : SA12.161879119

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

GRIFFIN, MICHAEL, , ,

B.

Mailing Address 4220 W CORONA ST

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
SAVILLSOccupation
COMMERCIAL REAL ESTATE

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
08 / 02 / 2025

Transaction ID : SA12.161879100

Amount of Each Receipt this Period

3000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

HASBINI, ALI, , ,

C.

Mailing Address 13717 CANTERFIELD DR

City
RIVERVIEWState
FLZip Code
33579FEC ID number of contributing
federal political committee.

C

Name of Employer
TRANSCEND DEVELOPMENTOccupation
DEVELOPER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2025

Transaction ID : SA12.161879115

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JEFFRIES, COLE, , ,

A.

Mailing Address 2501 W MORRISON AVE

City

TAMPA

State

FL

Zip Code

33629

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 ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA12.161879141

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

KARP, LANCE, , ,

Mailing Address 5343 NATHANIEL PL

City

SARASOTA

State

FL

Zip Code

34233

FEC ID number of contributing
federal political committee.

C

Name of Employer

SARASOTA DENTAL GROUP

Occupation

DENTIST

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA12.161879133

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

KEIVER, REBECCA, , ,

Mailing Address 4800 OCEAN BLVD

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLAIMS QUESTIONS LLC

Occupation

INSURANCE

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA12.161879120

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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(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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KOENIG, KEITH, , ,

A.

Mailing Address 6701 N HIATUS RD

City

TAMARAC

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer

CITY FURNITURE

Occupation

CHAIRMAN

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
09 / 06 / 2025D D / Y Y Y Y Y
06 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879107

Amount of Each Receipt this Period

3500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

KOMPOTHECRAS, GARY, , ,

B.

Mailing Address 4054 SAWYER ROAD

City

SARASOTA

State

FL

Zip Code

34233

FEC ID number of contributing
federal political committee.

C

Name of Employer

DSR

Occupation

MANAGER

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
09 / 23 / 2025D D / Y Y Y Y Y
23 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879124

Amount of Each Receipt this Period

1000.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

LENHART, REID, , ,

C.

Mailing Address 155 S COURT AVE

City

ORLANDO

State

FL

Zip Code

32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CANADIAN MEDSTORE

Occupation

PHARMACIST

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
09 / 26 / 2025D D / Y Y Y Y Y
26 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879133

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

LLOYD, ROBERT, , ,

A.

Mailing Address 6210 SHORELINE DR

City
PORT ORANGEState
FLZip Code
32127FEC ID number of contributing
federal political committee.

C

Name of Employer
LLOYD LAW PLLCOccupation
CONSULTANT

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
09 12 2025

Transaction ID : SA12.161879112

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MAGGARD, MATTHEW, , ,

B.

Mailing Address PO BOX 2276

City
DADE CITYState
FLZip Code
33526FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKER LOOP KENDRICK LLPOccupation
ATTORNEY AT LAW

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
08 05 2025

Transaction ID : SA12.161879105

Amount of Each Receipt this Period

3000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MCGILLICUDDY, DENNIS, , ,

C.

Mailing Address 3827 FLAMINGO AVENUE

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 04 2025

Transaction ID : SA12.161879101

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MCGILLICUDDY, GRACIELA, S, ,

A. Mailing Address 3827 FLAMINGO AVE

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

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
09 04 2025

Transaction ID : SA12.161879102

Amount of Each Receipt this Period

2500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MURMAN, SANDY, , ,

B. Mailing Address 101 E KENNEDY BLVD
FL 28City
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKER ADVISORSOccupation
CONSULTANT

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
08 07 2025

Transaction ID : SA12.161879108

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

PATEL, RISHI, , ,

C. Mailing Address 1375 SAUTERN DR

City
FORT MYERSState
FLZip Code
33919FEC ID number of contributing
federal political committee.

C

Name of Employer
CAN COMMUNITY HEALTHOccupation
PRESIDENT CEO

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
08 05 2025

Transaction ID : SA12.161879106

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PENIN, CARLOS, , ,

A.

Mailing Address 343 ALMERIA AVE

City

CORAL GABLES

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAP ENGINEERING INCOccupation
ENGINEER

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
09 30 2025

Transaction ID : SA12.161879142

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

PRICE, MELVIN, , ,

Mailing Address 101 RIVERFRONT BLVD

City

BRADENTON

State

FL

Zip Code

33578

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCR HEALTHOccupation
PRESIDENT AND CEO

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
08 26 2025

Transaction ID : SA12.161879128

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

PRICE, MELVIN, , ,

Mailing Address 101 RIVERFRONT BLVD

City

BRADENTON

State

FL

Zip Code

33578

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCR HEALTHOccupation
PRESIDENT AND CEO

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
08 20 2025

Transaction ID : SA12.161879118

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PRICE, MELVIN, , ,

A.

Mailing Address 101 RIVERFRONT BLVD

City

BRADENTON

State

FL

Zip Code

34205

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCR HEALTH

Occupation

PRESIDENT AND CEO

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
08 / 28 / 2025D D / Y Y Y Y Y
28 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879138

Amount of Each Receipt this Period

1000.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

RICHARDSON, PERCY, , ,

Mailing Address 20025 BURT RD

City

DETROIT

State

MI

Zip Code

48219

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EMPLOYEE BENEFIT CONSULTANT

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
09 / 26 / 2025D D / Y Y Y Y Y
26 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879134

Amount of Each Receipt this Period

250.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

SASLAW, LAURENCE, , ,

Mailing Address 541 NORSOTA WAY

City

SARASOTA

State

FL

Zip Code

34242

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PRIVATE INVESTOR

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
09 / 04 / 2025D D / Y Y Y Y Y
04 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.161879103

Amount of Each Receipt this Period

1000.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SAUNDERS, THOMAS, , ,

A.

Mailing Address 2341 HAITIAN DR

City

CLEARWATER

State

FL

Zip Code

33763

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 / 26 / 2025

Transaction ID : SA12.161879135

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

SPENCER, ROBERT, , ,

B.

Mailing Address 1175 51ST ST W

City

BRADENTON

State

FL

Zip Code

34209

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 / 11 / 2025

Transaction ID : SA12.161879111

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

TAYLOR, JAY, , ,

C.

Mailing Address 934 GUI SANDO DE AVILA

City

TAMPA

State

FL

Zip Code

33613

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEVERAGEOccupation
MARKETING 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
08 / 07 / 2025

Transaction ID : SA12.161879109

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

VAN VOORST, RICHARD, , ,

A.

Mailing Address 13911 CHERRY CREEK DR

City
TAMPAState
FLZip Code
33618FEC ID number of contributing
federal political committee.

C

Name of Employer
ACHRAM LABSOccupation
DEFENSE CONTRACTOR

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
08 / 17 / 2025

Transaction ID : SA12.161879117

Amount of Each Receipt this Period

2000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

LAUREL LEE VICTORY FUND

Mailing Address 16350 BRUCE B. DOWNS BLVD
P.O. BOX 47556City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C C00826230

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

333112.38

Date of Receipt

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

Transaction ID : SA12.161778379

Amount of Each Receipt this Period

24295.46

☐ Memo Item

JFC TRANSFER: SEE ATTRIBUTION(S)

C.

Full Name (Last, First, Middle Initial)

BABBITT, LEN, , ,

Mailing Address 3304 WESTMORELAND DR

City
TAMPAState
FLZip Code
33618FEC ID number of contributing
federal political committee.

C

Name of Employer
MYGUARD LLCOccupation
CFO

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
05 / 15 / 2025

Transaction ID : SA12.161879143

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

24295.46

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ALFONSO, CARLOS, , ,

A.

Mailing Address 2913 W HARBOR VIEW AVE

City
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIANT PARTNERS DEVELOPMENTOccupation
REAL ESTATE

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
09 29 2025

Transaction ID : SA12.161879155

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

ANGEL, GARYN, , ,

B.

Mailing Address 1214 W CASS ST

City
TAMPAState
FLZip Code
33606FEC ID number of contributing
federal political committee.

C

Name of Employer
FARM-EDOccupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 10 2025

Transaction ID : SA12.161879147

Amount of Each Receipt this Period

2500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BRITTONHARR, SHANNON, , ,

C.

Mailing Address 3213 W PARKLAND BLVD

City
TAMPAState
FLZip Code
33609FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

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
09 22 2025

Transaction ID : SA12.161879149

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CELESTAN, GREGORY, , ,

A.

Mailing Address 2816 N JEFFERSON ST

City

TAMPA

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer

CELESTAR CORPORATION

Occupation

CEO

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

Transaction ID : SA12.161879151

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

CHILLURA, PATRICIA, , ,

B.

Mailing Address 2924 W VILLA ROSA PARK

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA12.161879154

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

DOMINGUEZ, JADE, , ,

C.

Mailing Address 3618 S RENELLIE DR

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLTEC USA CORP

Occupation

DIRECTOR

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA12.161879152

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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(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
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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FARRIOR, PRESTON, , ,

A.

Mailing Address 4420 W SEVILLA ST

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

FERMAN AUTOMOTIVE

Occupation

SALES MGR

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

Transaction ID : SA12.161879150

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

GARATEIX, ERNIE, , ,

B.

Mailing Address 1401 N WEST SHORE BLVD

City

TAMPA

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE INSURANCE

Occupation

EXECUTIVE

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

Transaction ID : SA12.161879148

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

KOENIG, KEITH, , ,

C.

Mailing Address 6701 N HIATUS RD

City

TAMARAC

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer

CITY FURNITURE

Occupation

CHAIRMAN

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	5

Transaction ID : SA12.161879146

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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)
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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MCGILLICUDDY, GRACIELA, S, ,

Mailing Address 3827 FLAMINGO AVE

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

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
09 04 2025

Transaction ID : SA12.161879144

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

SAUNDERS, THOMAS, , ,

Mailing Address 2341 HAITIAN DR

City
CLEARWATERState
FLZip Code
33763FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

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
09 26 2025

Transaction ID : SA12.161879153

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

WHITE, JOHN, , ,

Mailing Address 9676 DEER VALLEY DR

City
TALLAHASSEEState
FLZip Code
32312FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKEROccupation
CONSULTANT

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 05 2025

Transaction ID : SA12.161879145

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00
99003.96

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

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1072862

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2544.74

Transaction ID : SB17.1084114

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3532.00

Transaction ID : SB17.1078249

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

8076.74

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ADAMS, NICHOLAS, , ,

Mailing Address 150 D STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	8		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.1082060

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADAMS, NICHOLAS, , ,

Mailing Address 150 D STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.1076714

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADAMS, NICHOLAS, , ,

Mailing Address 150 D STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1072887

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

2000.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	8		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1082069

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	7		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1078128

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1087964

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

149.85

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17196.82

Transaction ID : SB17.1082064

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. 2&2 RESTAURANT AMERICAN DINERS

Mailing Address 33835 WESLEY CHAPEL BLVD

City
WESLEY CHAPELState
FLZip Code
33543Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

36.72

Transaction ID : SB17.1082064.1

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. 2&2 RESTAURANT AMERICAN DINERS

Mailing Address 33835 WESLEY CHAPEL BLVD

City
WESLEY CHAPELState
FLZip Code
33543Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

149.27

Transaction ID : SB17.1082064.2

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALAMO

Mailing Address 1805 E SKY HARBOR CIR S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2025

City
PHOENIXState
AZZip Code
85034

FEC Identification Number

C

Purpose of Disbursement
TOLL FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6.40

Transaction ID : SB17.1082064.3

☒ 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. ALAMO

Mailing Address 5405 AIRPORT SERVICE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2025

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

440.58

Transaction ID : SB17.1082064.4

☒ 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. ALAMO

Mailing Address 5405 AIRPORT SERVICE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2025

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

681.46

Transaction ID : SB17.1082064.5

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALAMO

Mailing Address 5405 AIRPORT SERVICE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2025

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

231.08

Transaction ID : SB17.1082064.6

☒ 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. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2025

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

62.71

Transaction ID : SB17.1082064.7

☒ 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. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2025

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.1082064.8

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	5

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

21.00

Transaction ID : SB17.1082064.9

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

760.96

Transaction ID : SB17.1082064.10

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

37.88

Transaction ID : SB17.1082064.11

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

217.18

Transaction ID : SB17.1082064.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

217.18

Transaction ID : SB17.1082064.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

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
0	8		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

488.19

Transaction ID : SB17.1082064.14

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

478.19

Transaction ID : SB17.1082064.15

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	5

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

307.49

Transaction ID : SB17.1082064.16

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.1082064.17

☒ 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).....▶

0.00

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 182 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN SOCIAL

Mailing Address 601 S HARBOUR ISLAND BLVD #107

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

69.66

Transaction ID : SB17.1082064.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN SOCIAL

Mailing Address 601 S HARBOUR ISLAND BLVD #107

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

150.37

Transaction ID : SB17.1082064.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN SOCIAL

Mailing Address 601 S HARBOUR ISLAND BLVD #107

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

101.53

Transaction ID : SB17.1082064.21

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN SOCIAL

Mailing Address 601 S HARBOUR ISLAND BLVD #107

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

31.87

Transaction ID : SB17.1082064.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ANCHOR TAVERN

Mailing Address 514 N FRANKLIN ST

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

111.75

Transaction ID : SB17.1082064.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. APPLE

Mailing Address 1 APPLE PARK WAY

City
CUPERTINOState
CAZip Code
95014Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	8		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1082064.24

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

83.70

Transaction ID : SB17.1082064.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

69.40

Transaction ID : SB17.1082064.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.00

Transaction ID : SB17.1082064.27

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

119.00

Transaction ID : SB17.1082064.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.10

Transaction ID : SB17.1082064.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CANVA

Mailing Address 200 EAST 6TH STREET

City
SURRY HILLSState
TXZip Code
78701Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.1082064.30

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CASA SANTO STEFANO

Mailing Address 1607 N 22ND ST

City
TAMPAState
FLZip Code
33605Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

94.18

Transaction ID : SB17.1082064.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CASA SANTO STEFANO

Mailing Address 1607 N 22ND ST

City
TAMPAState
FLZip Code
33605Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

88.37

Transaction ID : SB17.1082064.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CELLAR.COM

Mailing Address 300 MASSACHUSETTS AVE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

236.69

Transaction ID : SB17.1082064.33

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACTMailing Address 1601 TRAPELO ROAD
SUITE 329City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

104.13

Transaction ID : SB17.1082064.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. COPPER SHAKER

Mailing Address 1502 E 7TH AVE

City
TAMPAState
FLZip Code
33605Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

85.25

Transaction ID : SB17.1082064.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. DRACULA'S LEGACY

Mailing Address 811 N TAMPA ST

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.94

Transaction ID : SB17.1082064.36

☒ Memo Item

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

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FAT RABBIT PUB

Mailing Address 16029 TAMPA PALMS BLVD W

City
TAMPAState
FLZip Code
33647Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.68

Transaction ID : SB17.1082064.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
POSTAGE EXPENSE

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
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

26.76

Transaction ID : SB17.1082064.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
POSTAGE EXPENSE

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
0	8		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

34.56

Transaction ID : SB17.1082064.39

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
POSTAGE EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.59

Transaction ID : SB17.1082064.40

☒ 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. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
POSTAGE EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.85

Transaction ID : SB17.1082064.41

☒ 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. GASPARILLA BAR

Mailing Address 4100 GEORGE J BEAN OUTBOUND PKWY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	2	5

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.64

Transaction ID : SB17.1082064.42

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GLORY DAYS GRILL

Mailing Address 17508 DONA MICHELLE DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

City
NEW TAMPAState
FLZip Code
33647

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

83.86

Transaction ID : SB17.1082064.43

☒ 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. HATTRICKS

Mailing Address 107 S FRANKLIN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2025

City
TAMPAState
FLZip Code
33602

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

203.57

Transaction ID : SB17.1082064.44

☒ 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. HILTON

Mailing Address 7930 JONES BRANCH DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2025

City
MCLEANState
VAZip Code
22102

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.65

Transaction ID : SB17.1082064.45

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

City
MCLEANState
VAZip Code
22102

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.95

Transaction ID : SB17.1082064.46

☒ 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. HILTON

Mailing Address 211 N TAMPA ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2025

City
TAMPAState
FLZip Code
33602

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.35

Transaction ID : SB17.1082064.47

☒ 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. HILTON

Mailing Address 211 N TAMPA ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2025

City
TAMPAState
FLZip Code
33602

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

57.73

Transaction ID : SB17.1082064.48

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HUNGRY HOWIES

Mailing Address 6207 E HILLSBOROUGH AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2025

City
TAMPAState
FLZip Code
33610

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

38.66

Transaction ID : SB17.1082064.49

☒ 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. ITALIAN TOUCH

Mailing Address 8211 46TH AVE N

Date of Disbursement

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

City
ST. PETERSBURGState
FLZip Code
33709

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

154.69

Transaction ID : SB17.1082064.50

☒ 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. JOHNSON BARBEQUE

Mailing Address 1407 W DR MLK JR BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

City
PLANT CITYState
FLZip Code
33566

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

438.24

Transaction ID : SB17.1082064.51

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. KAPNOS TAVERNAMailing Address 2401 RONALD REAGAN WASHINGTON
NATIONAL AIRPORT ACCESS RDCity
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.37

Transaction ID : SB17.1082064.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: LODGING

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
0	8		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

989.26

Transaction ID : SB17.1082064.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: MEAL

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
0	8		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.53

Transaction ID : SB17.1082064.54

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: LODGING

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
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

745.28

Transaction ID : SB17.1082064.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LEGAL SEA FOODS

Mailing Address 2401 SMITH BLVD

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

47.09

Transaction ID : SB17.1082064.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LONGBOARDS GRILL

Mailing Address 210 STEARNS WHARF

City
SANTA BARBARAState
CAZip Code
93101Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

78.75

Transaction ID : SB17.1082064.57

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

290.32

Transaction ID : SB17.1082064.58

☒ 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. LUCKY PENNY

Mailing Address 127 ANACAPA ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2025

City
SANTA BARBARAState
CAZip Code
93101

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1600.00

Transaction ID : SB17.1082064.59

☒ 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. LYFTMailing Address 185 BERRY ST
SUITE 5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2025

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.92

Transaction ID : SB17.1082064.60

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

68.59

Transaction ID : SB17.1082064.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	8		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.64

Transaction ID : SB17.1082064.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.1082064.63

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MYPLACE SELF STORAGE

Mailing Address 2711 BROADWAY CENTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2025

City
BRANDONState
FLZip Code
33510

FEC Identification Number

C

Purpose of Disbursement
STORAGE EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

146.68

Transaction ID : SB17.1082064.64

☒ 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. O'BRICKS IRISH PUB & MARTINI BAR

Mailing Address 427 12TH ST W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2025

City
BRADENTONState
FLZip Code
34205

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.91

Transaction ID : SB17.1082064.65

☒ 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. OLIVE GARDEN

Mailing Address 1802 N WESTSHORE BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2025

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.52

Transaction ID : SB17.1082064.66

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. OLIVE GARDEN

Mailing Address 1802 N WESTSHORE BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.90

Transaction ID : SB17.1082064.67

☒ 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. OLIVE GARDEN

Mailing Address 1802 N WESTSHORE BLVD

Date of Disbursement

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

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.52

Transaction ID : SB17.1082064.68

☒ 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. PADDY WAGON IRISH PUB

Mailing Address 813 N TAMPA ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

City
TAMPAState
FLZip Code
33602

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.20

Transaction ID : SB17.1082064.69

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PARAISO

Mailing Address 1101 PENNSYLVANIA AVE. SE UNIT 1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

494.90

Transaction ID : SB17.1082064.70

☒ 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. PEABODY'S RESTAURANT, BAR & BILLIARDS

Mailing Address 15333 AMBERLY DR

Date of Disbursement

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

City
TAMPAState
FLZip Code
33647

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

95.28

Transaction ID : SB17.1082064.71

☒ 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. PEABODY'S RESTAURANT, BAR & BILLIARDS

Mailing Address 15333 AMBERLY DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

City
TAMPAState
FLZip Code
33647

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.45

Transaction ID : SB17.1082064.72

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PEARL SOCIAL

Mailing Address 131 ANACAPA ST B

City
SANTA BARBARAState
CAZip Code
93101Purpose of Disbursement
CATERING SERVICES

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
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1082064.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. RONALD REAGAN WASHINGTON NATIONAL AIRPORTMailing Address 2401 RONALD REAGAN WASHINGTON
NATIONAL AIRPORT ACCESS RDCity
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
PARKING

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
0	8		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

105.00

Transaction ID : SB17.1082064.74

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SCARLET OAK

Mailing Address 909 NEW JERSEY AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

51.20

Transaction ID : SB17.1082064.75

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SCARLET OAK

Mailing Address 909 NEW JERSEY AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

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
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.70

Transaction ID : SB17.1082064.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. STONEWOOD GRILL & TAVERN

Mailing Address 17050 PALM POINTE DR

City
TAMPAState
FLZip Code
33647Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.49

Transaction ID : SB17.1082064.77

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. STONEWOOD GRILL & TAVERN

Mailing Address 17050 PALM POINTE DR

City
TAMPAState
FLZip Code
33647Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

141.09

Transaction ID : SB17.1082064.78

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STONEWOOD GRILL & TAVERN

Mailing Address 17050 PALM POINTE DR

Date of Disbursement

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

City
TAMPAState
FLZip Code
33647

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

88.91

Transaction ID : SB17.1082064.79

☒ 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. TIMPANO HYDE PARK

Mailing Address 1610 W SWANN AVE

Date of Disbursement

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

City
TAMPAState
FLZip Code
33606

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

13.75

Transaction ID : SB17.1082064.80

☒ 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. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.60

Transaction ID : SB17.1082064.81

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

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
0	7		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.1082064.82

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. U STREET PUBMailing Address RONALD REAGAN WASHINGTON
NATIONAL AIRPORTCity
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

41.30

Transaction ID : SB17.1082064.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. U STREET PUBMailing Address RONALD REAGAN WASHINGTON
NATIONAL AIRPORTCity
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
TRAVEL: FOOD

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
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : SB17.1082064.84

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address 233 S WACKER DR

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
TRAVEL: AIR

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
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

380.48

Transaction ID : SB17.1082064.85

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED VENTURES CONSORTIUM INC. (UVC)

Mailing Address 2711 26TH ST NE

City
WASHINGTONState
DCZip Code
20018Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.38

Transaction ID : SB17.1082064.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City
NEW YORKState
NYZip Code
10036Purpose of Disbursement
TELEPHONE

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
0	8		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

187.43

Transaction ID : SB17.1082064.87

☒ Memo Item

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

0.00

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 205 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WALTERS SPORTS BAR AND RESTAURANT

Mailing Address 10 N ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

77.26

Transaction ID : SB17.1082064.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTERS SPORTS BAR AND RESTAURANT

Mailing Address 10 N ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

8.81

Transaction ID : SB17.1082064.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WE, THE PIZZA

Mailing Address 305 PENNSYLVANIA AVE. SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2025

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

69.73

Transaction ID : SB17.1082064.90

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. YOTEL WASHINGTON DC

Mailing Address 415 NEW JERSEY AVE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
TRAVEL: LODGING

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
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2079.00

Transaction ID : SB17.1082064.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

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
0	7		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8392.49

Transaction ID : SB17.1072247

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. 7-RIVER MART

Mailing Address 250 11TH ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.17

Transaction ID : SB17.1072247.1

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

2079.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALAMO

Mailing Address 5405 AIRPORT SERVICE RD

Date of Disbursement

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

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

292.71

Transaction ID : SB17.1072247.2

☒ 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. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

96.74

Transaction ID : SB17.1072247.3

☒ 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. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
SEATTLEState
WAZip Code
98109

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

145.01

Transaction ID : SB17.1072247.4

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

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
0	6		1	7		2	0	2	5

City
SEATTLEState
WAZip Code
98109

FEC Identification Number

C

Purpose of Disbursement
CREDIT: OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 96.74

Transaction ID : SB17.1072247.5

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26.00

Transaction ID : SB17.1072247.6

☒ 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. APPLE

Mailing Address 1 APPLE PARK WAY

Date of Disbursement

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

City
CUPERTINOState
CAZip Code
95014

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1072247.8

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BONCHON NAVY YARD

Mailing Address 1015 HALF ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.50

Transaction ID : SB17.1072247.9

☒ Memo Item**B. BONCHON NAVY YARD**

Mailing Address 1015 HALF ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

329.80

Transaction ID : SB17.1072247.10

☒ Memo Item**C. BULLFEATHERS ON THE HILL**

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

56.20

Transaction ID : SB17.1072247.11

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

79.30

Transaction ID : SB17.1072247.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.92

Transaction ID : SB17.1072247.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35.80

Transaction ID : SB17.1072247.14

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

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
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.70

Transaction ID : SB17.1072247.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35.80

Transaction ID : SB17.1072247.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.20

Transaction ID : SB17.1072247.17

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CANVA

Mailing Address 200 EAST 6TH STREET

City
SURRY HILLSState
TXZip Code
78701Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.1072247.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CHIKO

Mailing Address 423 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	6		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1702.80

Transaction ID : SB17.1072247.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CONGRESSIONAL LIQUOR & DELI

Mailing Address 404 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

435.85

Transaction ID : SB17.1072247.20

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONGRESSIONAL LIQUOR & DELI

Mailing Address 404 1ST ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

147.17

Transaction ID : SB17.1072247.21

☒ 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. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

Date of Disbursement

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

City
WALTHAMState
MAZip Code
02451

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

104.13

Transaction ID : SB17.1072247.22

☒ 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. CVS

Mailing Address 15 I ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.89

Transaction ID : SB17.1072247.23

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DEANNA HURLEY PHOTO

Mailing Address 3820 ANCIENT OAK TRAIL

Date of Disbursement

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

City
PLANT CITYState
FLZip Code
33565

FEC Identification Number

C

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.1072247.24

☒ 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. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

City
ATLANTAState
GAZip Code
30354

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

399.19

Transaction ID : SB17.1072247.25

☒ 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. EL BEBE

Mailing Address 99 M ST SE #120

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

94.27

Transaction ID : SB17.1072247.26

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EMMY SQUAREDMailing Address 1300 4TH STREET SE
SUITE 100City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.60

Transaction ID : SB17.1072247.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. EZCATER INC

Mailing Address 40 WATER ST 5TH FLOOR

City
BOSTONState
MAZip Code
02109Purpose of Disbursement
CATERING SERVICES

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
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

649.00

Transaction ID : SB17.1072247.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
DELIVERY SERVICES

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
0	6		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

33.62

Transaction ID : SB17.1072247.29

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GASPARILLA BAR

Mailing Address 4100 GEORGE J BEAN OUTBOUND PKWY

Date of Disbursement

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

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

51.69

Transaction ID : SB17.1072247.30

☒ 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. HAWK N DOVE CAPITOL HILL DC

Mailing Address 329 PENNSYLVANIA AVE. SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

136.50

Transaction ID : SB17.1072247.31

☒ 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. HAWK N DOVE CAPITOL HILL DC

Mailing Address 329 PENNSYLVANIA AVE. SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

66.10

Transaction ID : SB17.1072247.32

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HUNGRY HOWIES

Mailing Address 6207 E HILLSBOROUGH AVE

City
TAMPAState
FLZip Code
33610Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

36.14

Transaction ID : SB17.1072247.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. KING CAB CO

Mailing Address 3706 MT VERNON AVE

City
ALEXANDRIAState
VAZip Code
22305Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.78

Transaction ID : SB17.1072247.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: LODGING

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

617.78

Transaction ID : SB17.1072247.35

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LEVY RESTAURANTS

Mailing Address 1901 W MADISON

City
CHICAGOState
ILZip Code
60612Purpose of Disbursement
TRAVEL: FOOD

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.04

Transaction ID : SB17.1072247.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LEVY RESTAURANTS

Mailing Address 1901 W MADISON

City
CHICAGOState
ILZip Code
60612Purpose of Disbursement
TRAVEL: FOOD

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

37.35

Transaction ID : SB17.1072247.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LINKSTERS TAP ROOM VENICE

Mailing Address 2127 S TAMiami TRL

City
VENICEState
FLZip Code
34293Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

73.42

Transaction ID : SB17.1072247.38

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

130.68

Transaction ID : SB17.1072247.39

☒ 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. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

243.20

Transaction ID : SB17.1072247.40

☒ 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. LYFTMailing Address 185 BERRY ST
SUITE 5000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.55

Transaction ID : SB17.1072247.41

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	6		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.38

Transaction ID : SB17.1072247.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	6		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.26

Transaction ID : SB17.1072247.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

41.16

Transaction ID : SB17.1072247.44

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

0.00

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 221 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

105.47

Transaction ID : SB17.1072247.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.64

Transaction ID : SB17.1072247.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MARATHON

Mailing Address 1739 NEW JERSEY AVE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
TRAVEL: FUEL

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
0	6		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.1072247.47

☒ Memo Item

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

0.00

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 222 OF 271

<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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MYPLACE SELF STORAGE

Mailing Address 2711 BROADWAY CENTER BLVD

City
BRANDONState
FLZip Code
33510Purpose of Disbursement
STORAGE EXPENSE

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
0	6		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

146.68

Transaction ID : SB17.1072247.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. RIGGS

Mailing Address 900 F ST NW

City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

84.30

Transaction ID : SB17.1072247.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	6		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.95

Transaction ID : SB17.1072247.50

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.69

Transaction ID : SB17.1072247.51

☒ 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. UNION PUB

Mailing Address 201 MASSACHUSETTS AVE NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.78

Transaction ID : SB17.1072247.52

☒ 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. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

City
NEW YORKState
NYZip Code
10036

FEC Identification Number

C

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

200.32

Transaction ID : SB17.1072247.53

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WALTERS SPORTS BAR AND RESTAURANT

Mailing Address 10 N ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

458.06

Transaction ID : SB17.1072247.54

☒ Memo Item**B. WHOLE FOODS MARKET**

Mailing Address 101 H ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.06

Transaction ID : SB17.1072247.56

☒ Memo Item**C. WHOLE FOODS MARKET**

Mailing Address 101 H ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.39

Transaction ID : SB17.1072247.55

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

42.39

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11995.16

Transaction ID : SB17.1076921

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
CREDIT: OFFICE SUPPLIES

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 145.01

Transaction ID : SB17.1076921.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

726.49

Transaction ID : SB17.1076921.2

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

12576.64

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2025

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

483.48

Transaction ID : SB17.1076921.3

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		04		2025

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

357.69

Transaction ID : SB17.1076921.4

☒ 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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2025

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
CREDIT: TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 353.01

Transaction ID : SB17.1076921.5

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2025

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
CREDIT: TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 483.48

Transaction ID : SB17.1076921.6

☒ 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. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2025

City
NEW YORKState
NYZip Code
10285

FEC Identification Number

C

Purpose of Disbursement
CREDIT: MEMBERSHIP FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 32.08

Transaction ID : SB17.1076921.7

☒ 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. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2025

City
NEW YORKState
NYZip Code
10285

FEC Identification Number

C

Purpose of Disbursement
MEMBERSHIP FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

320.83

Transaction ID : SB17.1076921.8

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. APPLE

Mailing Address 1 APPLE PARK WAY

Date of Disbursement

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

City
CUPERTINOState
CAZip Code
95014

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1076921.10

☒ 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. BISTRO CACAO

Mailing Address 316 MASSACHUSETTS AVE NE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

106.90

Transaction ID : SB17.1076921.61

☒ 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. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

63.90

Transaction ID : SB17.1076921.11

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

70.40

Transaction ID : SB17.1076921.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.80

Transaction ID : SB17.1076921.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

56.20

Transaction ID : SB17.1076921.14

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.20

Transaction ID : SB17.1076921.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

27.10

Transaction ID : SB17.1076921.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

51.20

Transaction ID : SB17.1076921.17

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

65.60

Transaction ID : SB17.1076921.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.1076921.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CANVA

Mailing Address 200 EAST 6TH STREET

City
SURRY HILLSState
TXZip Code
78701Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.1076921.20

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

76.30

Transaction ID : SB17.1076921.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

14.05

Transaction ID : SB17.1076921.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

26.42

Transaction ID : SB17.1076921.23

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

97.66

Transaction ID : SB17.1076921.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CHIKO

Mailing Address 423 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1056.00

Transaction ID : SB17.1076921.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CONGRESSIONAL LIQUOR & DELI

Mailing Address 404 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	7		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

72.60

Transaction ID : SB17.1076921.26

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACTMailing Address 1601 TRAPELO ROAD
SUITE 329City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	7		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

104.13

Transaction ID : SB17.1076921.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINESMailing Address 6000 N TERMINAL PKWY
SUITE 4000City
ATLANTAState
GAZip Code
30320Purpose of Disbursement
CREDIT: TRAVEL: AIR

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
0	7		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 399.19

Transaction ID : SB17.1076921.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
DELIVERY SERVICES

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
0	7		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

34.56

Transaction ID : SB17.1076921.29

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2025

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.06

Transaction ID : SB17.1076921.30

☒ 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. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2025

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.50

Transaction ID : SB17.1076921.31

☒ 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. GRAZIE GRAZIE

Mailing Address 85 DISTRICT SQUARE SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2025

City
WASHINGTONState
DCZip Code
20024

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

415.00

Transaction ID : SB17.1076921.32

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HOME2SUITES

Mailing Address 390 AIRPORT RD

City
ARDENState
NCZip Code
28704Purpose of Disbursement
TRAVEL: LODGING

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
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

214.94

Transaction ID : SB17.1076921.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. I EGG YOU

Mailing Address 517 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

888.45

Transaction ID : SB17.1076921.34

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. JACOBS COFFEE HOUSE

Mailing Address 401 8TH ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
TRAVEL: FOOD

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
0	7		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.34

Transaction ID : SB17.1076921.35

☒ Memo Item

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JACOBS COFFEE HOUSE

Mailing Address 401 8TH ST NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
TRAVEL: FOOD

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
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.82

Transaction ID : SB17.1076921.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

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
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

222.30

Transaction ID : SB17.1076921.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.1076921.38

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.36

Transaction ID : SB17.1076921.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

113.29

Transaction ID : SB17.1076921.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.84

Transaction ID : SB17.1076921.41

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.81

Transaction ID : SB17.1076921.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.38

Transaction ID : SB17.1076921.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

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
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.64

Transaction ID : SB17.1076921.44

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MIDDLEBURG DELI

Mailing Address 2 N LIBERTY ST

City
MIDDLEBURGState
VAZip Code
20117Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.70

Transaction ID : SB17.1076921.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MYPLACE SELF STORAGE

Mailing Address 2711 BROADWAY CENTER BLVD

City
BRANDONState
FLZip Code
33510Purpose of Disbursement
STORAGE EXPENSE

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
0	7		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

146.68

Transaction ID : SB17.1076921.46

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. OMNI HOMESTEAD RESORT

Mailing Address 7696 SAM SNEAD HWY

City
HOT SPRINGSState
VAZip Code
24445Purpose of Disbursement
TRAVEL: LODGING

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
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

667.68

Transaction ID : SB17.1076921.47

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. OMNI HOMESTEAD RESORT

Mailing Address 7696 SAM SNEAD HWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2025

City
HOT SPRINGSState
VAZip Code
24445

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

131.28

Transaction ID : SB17.1076921.48

☒ 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. PARAISO

Mailing Address 1101 PENNSYLVANIA AVE. SE UNIT 1

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

494.90

Transaction ID : SB17.1076921.49

☒ 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. PARAISO

Mailing Address 1101 PENNSYLVANIA AVE. SE UNIT 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1993.29

Transaction ID : SB17.1076921.50

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RED HORSE TAVERN

Mailing Address 118 W WASHINGTON ST

City
MIDDLEBURGState
VAZip Code
20117Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.1076921.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SALAMANDER MIDDLEBURG

Mailing Address 500 N PENDLETON ST

City
MIDDLEBURGState
VAZip Code
20117Purpose of Disbursement
TRAVEL: LODGING

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
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1151.38

Transaction ID : SB17.1076921.52

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAMANDER MIDDLEBURG

Mailing Address 500 N PENDLETON ST

City
MIDDLEBURGState
VAZip Code
20117Purpose of Disbursement
TRAVEL: LODGING

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
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1841.44

Transaction ID : SB17.1076921.53

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SALAMANDER MIDDLEBURG

Mailing Address 500 N PENDLETON ST

City
MIDDLEBURGState
VAZip Code
20117Purpose of Disbursement
CREDIT: TRAVEL: LODGING

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
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 41.34

Transaction ID : SB17.1076921.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

53.13

Transaction ID : SB17.1076921.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

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
0	7		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

33.55

Transaction ID : SB17.1076921.55

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

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.55

Transaction ID : SB17.1076921.56

☒ 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. SWEETGREEN

Mailing Address 221 PENNSYLVANIA AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.72

Transaction ID : SB17.1076921.58

☒ 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. THE DUBLINER RESTAURANT

Mailing Address 4 F ST NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2025

City
WASHINGTONState
DCZip Code
20001

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

149.36

Transaction ID : SB17.1076921.59

☒ 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).....▶

0.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE MONOCLE RESTAURANT

Mailing Address 107 D ST NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2025

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.70

Transaction ID : SB17.1076921.60

☒ 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. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.00

Transaction ID : SB17.1076921.62

☒ 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. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

147.20

Transaction ID : SB17.1076921.63

☒ 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).....▶

0.00

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 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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 1095 AVENUE OF THE AMERICAS

City
NEW YORKState
NYZip Code
10036Purpose of Disbursement
TELEPHONE

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
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

205.98

Transaction ID : SB17.1076921.64

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BASCOM COMMUNICATIONS & CONSULTING, LLC

Mailing Address 217 SOUTH ADAMS STREET

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
COMMUNICATIONS CONSULTING

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
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2268.00

Transaction ID : SB17.1084306

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BASCOM COMMUNICATIONS & CONSULTING, LLC

Mailing Address 217 SOUTH ADAMS STREET

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
COMMUNICATIONS CONSULTING

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
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

796.00

Transaction ID : SB17.1084306.1

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

796.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BERKE FARAH LLPMailing Address 701 8TH STREET, NW
SUITE 620City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL CONSULTING

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
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6025.00

Transaction ID : SB17.1084661

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BERKE FARAH LLPMailing Address 701 8TH STREET, NW
SUITE 620City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL CONSULTING

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
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB17.1078888

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

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
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

88.00

Transaction ID : SB17.1081717

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

183.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

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
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.50

Transaction ID : SB17.1081718

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

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
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

363.00

Transaction ID : SB17.1075220

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

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
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

88.00

Transaction ID : SB17.1085233

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

496.50

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK, N.A.

Mailing Address 1445-A LAUGHLIN AVENUE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEE

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.1078705

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

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
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.1084441

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

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
0	7		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.10

Transaction ID : SB17.1074247

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

22.10

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.05

Transaction ID : SB17.1078747

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRAND VALLEY CONSULTING, LLC

Mailing Address 1931 BEAVER LANE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
FUNDRAISING CONSULTING

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
0	9		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6077.06

Transaction ID : SB17.1082911

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GRAND VALLEY CONSULTING, LLC

Mailing Address 1931 BEAVER LANE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
FUNDRAISING CONSULTING

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
0	7		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6134.85

Transaction ID : SB17.1073144

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

12211.96

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GRAND VALLEY CONSULTING, LLC

Mailing Address 1931 BEAVER LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2025

City
MCLEANState
VAZip Code
22101

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6183.80

Transaction ID : SB17.1079503

☐ 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. GUSTO

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2025

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1073614

☐ 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. GUSTO

Mailing Address 525 20TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2025

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1078745

☐ 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).....▶

6293.80

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL FEES

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
0	9		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1083293

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1077983

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	9		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1083145

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

2055.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

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
0	7		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1072312

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SUITE 401City
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2064.52

Transaction ID : SB17.1082579

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SUITE 401City
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1077525

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

5064.52

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SUITE 401City
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3116.59

Transaction ID : SB17.1077387

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLICAN MAIN STREET PARTNERSHIP

Mailing Address 411 NEW JERSEY AVENUE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

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
0	8		2	2		2	0	2	5

FEC Identification Number

C C00165159

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.1076703

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF PASCO

Mailing Address 12043 COBBLE STONE DR

City
HUDSONState
FLZip Code
34667Purpose of Disbursement
EVENT SPONSORSHIP

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
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.1079327

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

5916.59

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. S. WHITE STRATEGIES, LLCMailing Address 525 MONTGOMERY ST
UNIT 343City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FUNDRAISING CONSULTING

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
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1525.00

Transaction ID : SB17.1073618

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE BIG BLUE BBQ

Mailing Address PO BOX 155

City
NEW PORT RICHEYState
FLZip Code
34652Purpose of Disbursement
EVENT SPONSORSHIP

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
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.1085429

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.04

Transaction ID : SB17.1075851

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

4075.04

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

27.38

Transaction ID : SB17.1074234

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

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
0	7		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.61

Transaction ID : SB17.1074462

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1081941

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

63.69

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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.90

Transaction ID : SB17.1076077

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1076282

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

167.49

Transaction ID : SB17.1085656

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

207.09

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.97

Transaction ID : SB17.1081613

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.05

Transaction ID : SB17.1074708

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.08

Transaction ID : SB17.1079580

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

4.10

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

48.20

Transaction ID : SB17.1080148

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.44

Transaction ID : SB17.1077694

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.03

Transaction ID : SB17.1073641

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

90.67

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.90

Transaction ID : SB17.1078240

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.37

Transaction ID : SB17.1073843

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

197.00

Transaction ID : SB17.1075131

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

336.27

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.90

Transaction ID : SB17.1072657

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1072935

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.95

Transaction ID : SB17.1074500

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

179.25

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.20

Transaction ID : SB17.1074937

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1075715

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	7		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

66.98

Transaction ID : SB17.1077043

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

106.58

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1077344

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.61

Transaction ID : SB17.1078615

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

118.59

Transaction ID : SB17.1078937

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

139.90

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.37

Transaction ID : SB17.1079174

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.95

Transaction ID : SB17.1079363

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

275.80

Transaction ID : SB17.1080479

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

279.12

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1082111

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1083238

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.98

Transaction ID : SB17.1083990

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

62.08

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1084481

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

53.65

Transaction ID : SB17.1084662

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.08

Transaction ID : SB17.1084892

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

73.43

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

103.60

Transaction ID : SB17.1085109

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.1085340

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

71.40

Transaction ID : SB17.1085456

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

191.00

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)

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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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1086099

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

59.10

Transaction ID : SB17.1086660

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1086805

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

118.20

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)

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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

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

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
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1087126

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

39.40

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

63929.91

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FLORIDA FEDERATION OF REPUBLICAN WOMEN

Mailing Address 295 HICKORY STREET

City
MONTICELLOState
FLZip Code
33244Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB21.1084682

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEEMailing Address 5118 N 56TH ST
SUITE 115City
TAMPAState
FLZip Code
33610Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB21.1084643

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1800.00

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

1800.00

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

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

NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

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

AAIM CONSULTING SERVICES, LLC

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address PO BOX 2244

City

VALRICO

State

FL

Zip Code

33595

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.16144

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

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

BASCOM COMMUNICATIONS & CONSULTING, LLC

Nature of Debt (Purpose):

COMMUNICATIONS CONSULTING

Mailing Address 217 SOUTH ADAMS STREET

City

TALLAHASSEE

State

FL

Zip Code

32301

Outstanding Balance Beginning This Period

2268.00

Transaction ID : SD10.16054

Amount Incurred This Period

0.00

Payment This Period

2268.00

Outstanding Balance at Close of This Period

0.00

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

PROSEQUENCE, LLC

Nature of Debt (Purpose):

GENERAL POLITICAL CONSULTING

Mailing Address PO BOX 10666

City

TALLAHASSEE

State

FL

Zip Code

32302

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

7500.00

2) **TOTALS** This Period (last page this line number only) ▶

7500.00

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

0.00

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

7500.00