

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

POINT OF FRICTION

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

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

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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 Hoeflich-Nickels, Jeffrey, , ,

Signature of Treasurer Hoeflich-Nickels, Jeffrey, , , Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

POINT OF FRICTION

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		<input type="text" value="36084.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36084.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61918.58"/>	<input type="text" value="61918.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98003.45"/>	<input type="text" value="98003.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77864.82"/>	<input type="text" value="77864.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20138.63"/>	<input type="text" value="20138.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

POINT OF FRICTION

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9774.47	9774.47
(ii) Unitemized	52144.11	52144.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61918.58	61918.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	61918.58	61918.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	61918.58	61918.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61918.58	61918.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	77864.82	77864.82
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	77864.82	77864.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77864.82	77864.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61918.58	61918.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61918.58	61918.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Adamson, Carol Anne, , ,		Date of Receipt MM / DD / YYYY 02 / 06 / 2026 Transaction ID : SA11AI.49612
Mailing Address 110 Bent Oak Drive		Amount of Each Receipt this Period 104.10
City Shavano Park	State TX	Zip Code 78231
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.20	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Adamson, Carol Anne, , ,		Date of Receipt MM / DD / YYYY 03 / 06 / 2026 Transaction ID : SA11AI.52499
Mailing Address 110 Bent Oak Drive		Amount of Each Receipt this Period 104.10
City Shavano Park	State TX	Zip Code 78231
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Baird, Clifford, , ,		Date of Receipt MM / DD / YYYY 03 / 11 / 2026 Transaction ID : SA11AI.53201
Mailing Address 1750 Newton rd		Amount of Each Receipt this Period 95.00
City Ferris	State TX	Zip Code 75125
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) iBM	Occupation (for Individual) Application Architect	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional).....▶	303.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Blazier, Theresa R, , ,

Mailing Address 6210 E Arbor Ave.

City Mesa	State AZ	Zip Code 85206
--------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2026

Transaction ID : SA11AI.52051

Amount of Each Receipt this Period
- 9.50

Memo Item

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

Mailing Address 6210 E Arbor Ave.

City Mesa	State AZ	Zip Code 85206
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2026

Transaction ID : SA11AI.52052

Amount of Each Receipt this Period
0.00

Memo Item

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

Mailing Address 6210 E Arbor Ave.

City Mesa	State AZ	Zip Code 85206
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 19.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2026

Transaction ID : SA11AI.52053

Amount of Each Receipt this Period
- 9.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	- 19.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Michael J, , ,

Mailing Address 7287 Horizon Drive

City West Palm Beach State FL Zip Code 33412

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.36

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2026
Transaction ID : SA11AI.53563

Amount of Each Receipt this Period

 5.93

Memo Item

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

Mailing Address 7287 Horizon Drive

City West Palm Beach State FL Zip Code 33412

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.36

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2026
Transaction ID : SA11AI.53564

Amount of Each Receipt this Period

 20.00

Memo Item

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

Mailing Address 7287 Horizon Drive

City West Palm Beach State FL Zip Code 33412

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.36

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2026
Transaction ID : SA11AI.53566

Amount of Each Receipt this Period

 10.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
 35.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Burns, Michael J, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2026
Mailing Address 7287 Horizon Drive		Transaction ID : SA11AI.53567
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.21
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.57	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Michael J, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2026
Mailing Address 7287 Horizon Drive		Transaction ID : SA11AI.53568
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.57	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Burns, Michael J, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2026
Mailing Address 7287 Horizon Drive		Transaction ID : SA11AI.53569
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.41
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 340.98	

SUBTOTAL of Receipts This Page (optional).....▶	65.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Campbell, Suzanne, , ,		Date of Receipt MM / DD / YYYY 02 / 09 / 2026 Transaction ID : SA11AI.49757
Mailing Address 299 Dillon Lane		Amount of Each Receipt this Period 10.41
City Caryville	State TN	Zip Code 37714
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.39	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Campbell, Suzanne, , ,		Date of Receipt MM / DD / YYYY 02 / 09 / 2026 Transaction ID : SA11AI.49758
Mailing Address 299 Dillon Lane		Amount of Each Receipt this Period 10.41
City Caryville	State TN	Zip Code 37714
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.80	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Campbell, Suzanne, , ,		Date of Receipt MM / DD / YYYY 02 / 16 / 2026 Transaction ID : SA11AI.50156
Mailing Address 299 Dillon Lane		Amount of Each Receipt this Period 26.03
City Caryville	State TN	Zip Code 37714
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.83	

SUBTOTAL of Receipts This Page (optional).....▶	46.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Campbell, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 Dillon Lane
 City Caryville State TN Zip Code 37714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2026
Transaction ID : SA11AI.50390
 Amount of Each Receipt this Period 1.04
 Memo Item

B. Campbell, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 Dillon Lane
 City Caryville State TN Zip Code 37714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2026
Transaction ID : SA11AI.50445
 Amount of Each Receipt this Period 5.21
 Memo Item

C. Campbell, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 Dillon Lane
 City Caryville State TN Zip Code 37714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2026
Transaction ID : SA11AI.51258
 Amount of Each Receipt this Period 21.09
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Campbell, Suzanne, , ,

Mailing Address 299 Dillon Lane

City Caryville	State TN	Zip Code 37714
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2026

Transaction ID : SA11AI.51445

Amount of Each Receipt this Period
26.03

Memo Item

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

Mailing Address 299 Dillon Lane

City Caryville	State TN	Zip Code 37714
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2026

Transaction ID : SA11AI.51447

Amount of Each Receipt this Period
5.21

Memo Item

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

Mailing Address 299 Dillon Lane

City Caryville	State TN	Zip Code 37714
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2026

Transaction ID : SA11AI.52979

Amount of Each Receipt this Period
10.41

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.65
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Campbell, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 Dillon Lane
 City Caryville State TN Zip Code 37714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2026
Transaction ID : SA11AI.53932
 Amount of Each Receipt this Period
 21.09
 Memo Item

B. Campbell, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 299 Dillon Lane
 City Caryville State TN Zip Code 37714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 353.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2026
Transaction ID : SA11AI.53977
 Amount of Each Receipt this Period
 26.03
 Memo Item

C. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2026
Transaction ID : SA11AI.50257
 Amount of Each Receipt this Period
 26.03
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 02 / 17 / 2026 Transaction ID : SA11AI.50258
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 02 / 17 / 2026 Transaction ID : SA11AI.50259
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.40	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 02 / 18 / 2026 Transaction ID : SA11AI.50301
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 10.41
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 260.81	

SUBTOTAL of Receipts This Page (optional).....▶	52.05
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2026
Transaction ID : SA11AI.50760
 Amount of Each Receipt this Period
 15.62
 Memo Item

B. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : SA11AI.50907
 Amount of Each Receipt this Period
 21.09
 Memo Item

C. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2026
Transaction ID : SA11AI.50991
 Amount of Each Receipt this Period
 20.82
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 02 / 2026 Transaction ID : SA11AI.51832
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 62.47
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.96	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 03 / 2026 Transaction ID : SA11AI.52048
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.78	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 04 / 2026 Transaction ID : SA11AI.52365
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 26.03
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 380.81	

SUBTOTAL of Receipts This Page (optional).....	62.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2026 Transaction ID : SA11AI.52475
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 10 / 2026 Transaction ID : SA11AI.53153
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 27.07
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 428.70	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 10 / 2026 Transaction ID : SA11AI.53154
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 26.03
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 454.73	

SUBTOTAL of Receipts This Page (optional).....	73.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 12 / 2026 Transaction ID : SA11AI.53578
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 21.09
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.82	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 13 / 2026 Transaction ID : SA11AI.53710
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 26.03
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 13 / 2026 Transaction ID : SA11AI.53711
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 26.03
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.88	

SUBTOTAL of Receipts This Page (optional).....▶	73.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2026
Transaction ID : SA11AI.54116
 Amount of Each Receipt this Period 26.03
 Memo Item

B. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2026
Transaction ID : SA11AI.54342
 Amount of Each Receipt this Period 20.82
 Memo Item

C. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2026
Transaction ID : SA11AI.54343
 Amount of Each Receipt this Period 20.82
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	67.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 21 / 2026 Transaction ID : SA11AI.54477
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 616.37	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 23 / 2026 Transaction ID : SA11AI.54535
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.19	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : SA11AI.54621
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 658.01	

SUBTOTAL of Receipts This Page (optional).....▶	62.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : SA11AI.54622
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 20.82
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 678.83	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 26 / 2026 Transaction ID : SA11AI.54644
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 14.25
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.08	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coons, John, , ,		Date of Receipt MM / DD / YYYY 03 / 27 / 2026 Transaction ID : SA11AI.54710
Mailing Address 32405 Beach Park Rd Lot #49		Amount of Each Receipt this Period 21.09
City Leesburg	State FL	Zip Code 34788
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 714.17	

SUBTOTAL of Receipts This Page (optional).....	56.16
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 724.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2026
Transaction ID : SA11AI.54807
 Amount of Each Receipt this Period
 10.41
 Memo Item

B. Coons, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32405 Beach Park Rd Lot #49
 City Leesburg State FL Zip Code 34788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 745.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2026
Transaction ID : SA11AI.54845
 Amount of Each Receipt this Period
 20.82
 Memo Item

C. Dean, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5703 Kenwood Ave
 City Columbus State GA Zip Code 31909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2026
Transaction ID : SA11AI.50631
 Amount of Each Receipt this Period
 36.44
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	67.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dean, Linda, , ,		Date of Receipt MM / DD / YYYY 02 / 26 / 2026 Transaction ID : SA11AI.51002
Mailing Address 5703 Kenwood Ave		Amount of Each Receipt this Period 9.50
City Columbus	State GA	Zip Code 31909
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.19	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dean, Linda, , ,		Date of Receipt MM / DD / YYYY 03 / 27 / 2026 Transaction ID : SA11AI.54696
Mailing Address 5703 Kenwood Ave		Amount of Each Receipt this Period 36.44
City Columbus	State GA	Zip Code 31909
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DeJulio, Robert, , ,		Date of Receipt MM / DD / YYYY 03 / 01 / 2026 Transaction ID : SA11AI.51459
Mailing Address 1727 35th St.		Amount of Each Receipt this Period - 25.00
City Oak Brook	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ - 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	20.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Galla, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4865 Moore Road, Suwanee
 City Suwanee State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 1.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2026
Transaction ID : SA11AI.51568
 Amount of Each Receipt this Period
 - 1.04
 Memo Item

B. Gaspar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 Felisa Ct.
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2026
Transaction ID : SA11AI.48271
 Amount of Each Receipt this Period
 475.00
 Memo Item

C. Gaspar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 Felisa Ct.
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2026
Transaction ID : SA11AI.48346
 Amount of Each Receipt this Period
 0.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	473.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
POINT OF FRICTION

A. Gaspar, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 Felisa Ct.
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2026
Transaction ID : SA11AI.48347
 Amount of Each Receipt this Period
 0.00
 Memo Item

B. Gilstrap, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 E Estelle Lane
 City Lucas State TX Zip Code 75002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2026
Transaction ID : SA11AI.49215
 Amount of Each Receipt this Period
 -9.50
 Memo Item

C. GROUT, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 MITCHELL CT
 City OPELIKA State AL Zip Code 36801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2026
Transaction ID : SA11AI.53788
 Amount of Each Receipt this Period
 -9.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	- 19.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hanchett, Michael, , ,

Mailing Address 1164 Hartford Street Cambria

City Cambria	State CA	Zip Code 93428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Cavalier Inn, Inc	Occupation (for Individual) Chairman
--	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2026

Transaction ID : SA11AI.49896

Amount of Each Receipt this Period
104.10

Memo Item

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

Mailing Address 1164 Hartford Street Cambria

City Cambria	State CA	Zip Code 93428
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Cavalier Inn, Inc	Occupation (for Individual) Chairman
--	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2026

Transaction ID : SA11AI.53184

Amount of Each Receipt this Period
104.10

Memo Item

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

Mailing Address 305 Skyflower Drive

City Georgetown	State TX	Zip Code 78628
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2026

Transaction ID : SA11AI.52864

Amount of Each Receipt this Period
95.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	303.20
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Jeffery, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 , Sleeping Colt Pl
 City Spring State TX Zip Code 77389
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2026
Transaction ID : SA11AI.54841
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Jerome, Peggy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Oakley Pass
 City Liberty Hill State TX Zip Code 78642
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2026
Transaction ID : SA11AI.54716
 Amount of Each Receipt this Period 10.41
 Memo Item

C. Kennedy, Phyllis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Heritage Way
 City Stephenville State TX Zip Code 76401
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2026
Transaction ID : SA11AI.54075
 Amount of Each Receipt this Period 23.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	44.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kennedy, Phyllis, , ,

Mailing Address 503 Heritage Way

City Stephenville	State TX	Zip Code 76401
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2026

Transaction ID : SA11AI.54411

Amount of Each Receipt this Period
28.50

Memo Item

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

Mailing Address 633 mayfield road

City Clarion	State PA	Zip Code 16214
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Kriebel Energy	Occupation (for Individual) Management
---	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2026

Transaction ID : SA11AI.54650

Amount of Each Receipt this Period
73.15

Memo Item

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

Mailing Address 9 Oak Avenue

City Rehoboth Beach	State DE	Zip Code 19971
------------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
- 9.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2026

Transaction ID : SA11AI.54508

Amount of Each Receipt this Period
- 9.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lionberger, Samuel, , ,

Mailing Address 4406 Maple Leaf Court

City Roanoke	State VA	Zip Code 24018
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lionberger Construction	Occupation (for Individual) Construction
--	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2026

Transaction ID : SA11AI.53970

Amount of Each Receipt this Period
1041.98

Memo Item

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

Mailing Address 808 Dancing Oak Lane

City San Marcos	State TX	Zip Code 78666
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 9.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2026

Transaction ID : SA11AI.48987

Amount of Each Receipt this Period
- 9.50

Memo Item

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

Mailing Address 3261 Wilderness Lane

City Virginia Beach	State VA	Zip Code 23456
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Loyola Enterprises, Inc.	Occupation (for Individual) President
---	--

Receipt For: 2026
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1041.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2026

Transaction ID : SA11AI.48157

Amount of Each Receipt this Period
1041.98

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2074.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Mackaig, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25422 Sea Bluffs Dr. #6-208
 City Dana Point State CA Zip Code 92629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2026
Transaction ID : SA11AI.49805
 Amount of Each Receipt this Period
 520.51
 Memo Item

B. McNichols, Wade, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7360 Christy Rd.
 City Fairlawn State VA Zip Code 24141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Lawyer
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2026
Transaction ID : SA11AI.52950
 Amount of Each Receipt this Period
 2500.00
 Memo Item

C. Muse, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 Sherwood Road
 City San Marino State CA Zip Code 91108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 2.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2026
Transaction ID : SA11AI.51255
 Amount of Each Receipt this Period
 - 2.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3018.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Needleman, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 470 Kendall Dr
 City Marco Island State FL Zip Code 34145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 47.50

Date of Receipt
 01 / 27 / 2026
Transaction ID : SA11AI.48960
 Amount of Each Receipt this Period
 - 47.50
 Memo Item

B. O'Flynn, Arminda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N.E. 114th Street, Apt. 2304
 City North Miami State FL Zip Code 33181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 223.09

Date of Receipt
 03 / 06 / 2026
Transaction ID : SA11AI.52544
 Amount of Each Receipt this Period
 26.03
 Memo Item

C. ONeil, Peggy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Homestead Dr, Apt 2C5, Apt 2C5
 City Alva State OK Zip Code 73717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 9.00

Date of Receipt
 01 / 29 / 2026
Transaction ID : SA11AI.49160
 Amount of Each Receipt this Period
 - 9.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	- 30.47
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Pappan, Arlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 742 Williams Court
 City Medford State OR Zip Code 97504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2026
Transaction ID : SA11AI.53653
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2026
Transaction ID : SA11AI.49381
 Amount of Each Receipt this Period
 20.26
 Memo Item

C. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2026
Transaction ID : SA11AI.49401
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plews, David, , ,

Mailing Address 540 Blackhawk Drive

City Batavia	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2026

Transaction ID : SA11AI.49850

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 540 Blackhawk Drive

City Batavia	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2026

Transaction ID : SA11AI.50091

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 540 Blackhawk Drive

City Batavia	State IL	Zip Code 60510
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2026

Transaction ID : SA11AI.50154

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
POINT OF FRICTION

A. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 298.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2026
Transaction ID : SA11AI.50274
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2026
Transaction ID : SA11AI.52693
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 318.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2026
Transaction ID : SA11AI.53101
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 328.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2026
Transaction ID : SA11AI.53993
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Plews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Blackhawk Drive
 City Batavia State IL Zip Code 60510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 343.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2026
Transaction ID : SA11AI.54528
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Putman, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15578 Fm 849
 City Lindale State TX Zip Code 75771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2026
Transaction ID : SA11AI.54749
 Amount of Each Receipt this Period
 26.03
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Rady, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Mockingbird Lane
 City Englewood State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Antero Occupation (for Individual) CHAIRMAN
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -0.15

Date of Receipt
 03 / 27 / 2026
Transaction ID : SA11AI.54709
 Amount of Each Receipt this Period
 - 52.10
 Memo Item

B. Ray, Carlyne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6177 Troupeville Rd
 City Quitman State GA Zip Code 31643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -0.05

Date of Receipt
 03 / 12 / 2026
Transaction ID : SA11AI.53574
 Amount of Each Receipt this Period
 - 23.80
 Memo Item

C. Ray, Carlyne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6177 Troupeville Rd
 City Quitman State GA Zip Code 31643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 -0.05

Date of Receipt
 03 / 14 / 2026
Transaction ID : SA11AI.53785
 Amount of Each Receipt this Period
 0.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	- 75.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Ray, Carlyne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6177 Troupeville Rd
 City Quitman State GA Zip Code 31643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 23.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2026
Transaction ID : SA11AI.53786
 Amount of Each Receipt this Period
 - 23.80
 Memo Item

B. Rice, Cwayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15016 Gallardua Lane
 City Oklahoma City State OK Zip Code 73142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 1.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2026
Transaction ID : SA11AI.49982
 Amount of Each Receipt this Period
 - 1.00
 Memo Item

C. smead, larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2857 Essex Road po box 37
 City Essex State NY Zip Code 12936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ceo Occupation (for Individual) sasco
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2026
Transaction ID : SA11AI.49186
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Spence, Mike, , ,

Mailing Address 31603 Al. Highway 53

City Ardmore	State AL	Zip Code 35739
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 4.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2026

Transaction ID : SA11Al.53302

Amount of Each Receipt this Period
- 4.16

Memo Item

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

Mailing Address 5122 W. Cullom

City Chicago	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2026

Transaction ID : SA11Al.54122

Amount of Each Receipt this Period
575.00

Memo Item

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

Mailing Address 4520 Kildare Ct

City Sacramento	State CA	Zip Code 95821
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 9.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2026

Transaction ID : SA11Al.49642

Amount of Each Receipt this Period
- 23.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	547.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sutton, L Jeanne, , ,

Mailing Address 4520 Kildare Ct

City Sacramento	State CA	Zip Code 95821
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 9.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2026

Transaction ID : SA11AI.49643

Amount of Each Receipt this Period
0.00

Memo Item

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

Mailing Address 4520 Kildare Ct

City Sacramento	State CA	Zip Code 95821
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 33.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2026

Transaction ID : SA11AI.49644

Amount of Each Receipt this Period
- 23.80

Memo Item

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

Mailing Address 4520 Kildare Ct

City Sacramento	State CA	Zip Code 95821
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 33.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2026

Transaction ID : SA11AI.49871

Amount of Each Receipt this Period
0.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	- 23.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Sutton, L Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4520 Kildare Ct
 City Sacramento State CA Zip Code 95821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 57.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026
Transaction ID : SA11AI.49872
 Amount of Each Receipt this Period
 - 23.80
 Memo Item

B. Swartout, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Cadberry Court
 City Indian Trail State NC Zip Code 28079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2026
Transaction ID : SA11AI.50107
 Amount of Each Receipt this Period
 - 9.50
 Memo Item

C. Taylor, Aline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20701 Mennonite rd
 City Gulfport State MS Zip Code 39503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2026
Transaction ID : SA11AI.52543
 Amount of Each Receipt this Period
 9.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	- 23.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Taylor, Aline, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2026 Transaction ID : SA11AI.54518
Mailing Address 20701 Mennonite rd			Amount of Each Receipt this Period 10.00
City Gulfport	State MS	Zip Code 39503	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) retired		Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WARE, Richard, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2026 Transaction ID : SA11AI.53664
Mailing Address 1069 McCarron Ln Union KY 41091			Amount of Each Receipt this Period 21.09
City Union	State KY	Zip Code 41091	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) retired		Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.39		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WARE, Richard, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2026 Transaction ID : SA11AI.53776
Mailing Address 1069 McCarron Ln Union KY 41091			Amount of Each Receipt this Period 10.41
City Union	State KY	Zip Code 41091	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) retired		Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.80		

SUBTOTAL of Receipts This Page (optional).....▶	41.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Whitbread, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Schooners Bay Dr
 City Atlantic Beach State FL Zip Code 32233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 9.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2026
Transaction ID : SA11AI.50358
 Amount of Each Receipt this Period
 - 0.00
 Memo Item

B. Whitbread, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Schooners Bay Dr
 City Atlantic Beach State FL Zip Code 32233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 35.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2026
Transaction ID : SA11AI.50359
 Amount of Each Receipt this Period
 - 26.00
 Memo Item

C. Wyse, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1727 Bahama Drive
 City Key West State FL Zip Code 33040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2026
Transaction ID : SA11AI.54037
 Amount of Each Receipt this Period
 - 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ - 36.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 97
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Wyse, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1727 Bahama Drive
 City Key West State FL Zip Code 33040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 20.00

Date of Receipt
 03 / 17 / 2026
Transaction ID : SA11AI.54038
 Amount of Each Receipt this Period
 - 10.00
 Memo Item

B. Wyse, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1727 Bahama Drive
 City Key West State FL Zip Code 33040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 - 10.00

Date of Receipt
 03 / 17 / 2026
Transaction ID : SA11AI.54066
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.53

Date of Receipt
 01 / 17 / 2026
Transaction ID : SA11AI.48551
 Amount of Each Receipt this Period
 47.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 46 OF 97
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Yancey, Jo Ann, , ,
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 265.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2026
Transaction ID : SA11AI.48557
 Amount of Each Receipt this Period
 30.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Yancey, Jo Ann, , ,
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 295.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2026
Transaction ID : SA11AI.48558
 Amount of Each Receipt this Period
 30.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Yancey, Jo Ann, , ,
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2026
Transaction ID : SA11AI.48559
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yancey, Jo Ann, , ,

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
377.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2026

Transaction ID : SA11AI.48560

Amount of Each Receipt this Period
52.05

Memo Item

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

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2026

Transaction ID : SA11AI.48592

Amount of Each Receipt this Period
26.03

Memo Item

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

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
455.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2026

Transaction ID : SA11AI.49094

Amount of Each Receipt this Period
52.05

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.13
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
POINT OF FRICTION

A. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2026
Transaction ID : SA11AI.49137
 Amount of Each Receipt this Period 9.50
 Memo Item

B. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2026
Transaction ID : SA11AI.49269
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2026
Transaction ID : SA11AI.49280
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 563.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2026
Transaction ID : SA11AI.49563
 Amount of Each Receipt this Period
 23.75
 Memo Item

B. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 589.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2026
Transaction ID : SA11AI.49574
 Amount of Each Receipt this Period
 26.03
 Memo Item

C. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 613.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2026
Transaction ID : SA11AI.49645
 Amount of Each Receipt this Period
 23.75
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	73.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Yancey, Jo Ann, , ,

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2026

Transaction ID : SA11AI.49649

Amount of Each Receipt this Period
95.00

Memo Item

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

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
732.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2026

Transaction ID : SA11AI.49992

Amount of Each Receipt this Period
23.75

Memo Item

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

Mailing Address 14170 FM 2854

City Conroe	State TX	Zip Code 77304
----------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
758.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2026

Transaction ID : SA11AI.50038

Amount of Each Receipt this Period
26.03

Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2026
Transaction ID : SA11AI.50214
 Amount of Each Receipt this Period 47.50
 Memo Item

B. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2026
Transaction ID : SA11AI.50218
 Amount of Each Receipt this Period 52.05
 Memo Item

C. Yancey, Jo Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14170 FM 2854
 City Conroe State TX Zip Code 77304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 908.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2026
Transaction ID : SA11AI.50765
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	149.55
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Yancey, Jo Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 03 / 2026 Transaction ID : SA11AI.52065
Mailing Address 14170 FM 2854		Amount of Each Receipt this Period 52.05
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.07	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yancey, Jo Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2026 Transaction ID : SA11AI.52481
Mailing Address 14170 FM 2854		Amount of Each Receipt this Period 23.75
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 983.82	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yancey, Jo Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 05 / 2026 Transaction ID : SA11AI.52483
Mailing Address 14170 FM 2854		Amount of Each Receipt this Period 25.00
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.82	

SUBTOTAL of Receipts This Page (optional).....	100.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Yancey, Jo Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2026 Transaction ID : SA11AI.54818
Mailing Address 14170 FM 2854		Amount of Each Receipt this Period 47.50
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yancey, Jo Ann, , ,		Date of Receipt MM / DD / YYYY 03 / 31 / 2026 Transaction ID : SA11AI.54821
Mailing Address 14170 FM 2854		Amount of Each Receipt this Period 52.05
City Conroe	State TX	Zip Code 77304
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) retired	Occupation (for Individual) retired	
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1108.37	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	99.55
TOTAL This Period (last page this line number only).....	9774.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. ActiveEngagement			Date of Disbursement MM / DD / YYYY 02 / 03 / 2026	
Mailing Address 61 S. Main St. Suite 400			FEC Identification Number C00886846 Transaction ID : SB29.55183	
City Harrisonburg	State VA	Zip Code 22801	Amount of Each Disbursement this Period 999.34	
Purpose of Disbursement Fundraising Fees		Category/Type 003		
Candidate Name POINT OF FRICTION		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. ActiveEngagement			Date of Disbursement MM / DD / YYYY 02 / 04 / 2026	
Mailing Address 61 S. Main St. Suite 400			FEC Identification Number C00886846 Transaction ID : SB29.55186	
City Harrisonburg	State VA	Zip Code 22801	Amount of Each Disbursement this Period 87.76	
Purpose of Disbursement Fundraising Fees		Category/Type 003		
Candidate Name POINT OF FRICTION		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. ActiveEngagement			Date of Disbursement MM / DD / YYYY 02 / 18 / 2026	
Mailing Address 61 S. Main St. Suite 400			FEC Identification Number C00886846 Transaction ID : SB29.55214	
City Harrisonburg	State VA	Zip Code 22801	Amount of Each Disbursement this Period 32.77	
Purpose of Disbursement Fundraising Fees		Category/Type 003		
Candidate Name POINT OF FRICTION		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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).....▶	1119.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. ActiveEngagement		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026
Mailing Address 61 S. Main St. Suite 400		FEC Identification Number C00886846 Transaction ID : SB29.55223
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 13.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ActiveEngagement		Date of Disbursement MM / DD / YYYY 02 / 26 / 2026
Mailing Address 61 S. Main St. Suite 400		FEC Identification Number C00886846 Transaction ID : SB29.55226
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 0.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ActiveEngagement		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026
Mailing Address 61 S. Main St. Suite 400		FEC Identification Number C00886846 Transaction ID : SB29.55234
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 44.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	58.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial)

A. ActiveEngagement

Mailing Address 61 S. Main St.
Suite 400

City Harrisonburg State VA Zip Code 22801

Purpose of Disbursement

Fundraising Fees

003

Candidate Name

POINT OF FRICTION

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C00886846

Transaction ID : SB29.55242

Amount of Each Disbursement this Period

4.42

Memo Item

Full Name (Last, First, Middle Initial)

B. ActiveEngagement

Mailing Address 61 S. Main St.
Suite 400

City Harrisonburg State VA Zip Code 22801

Purpose of Disbursement

Fundraising Fees

003

Candidate Name

POINT OF FRICTION

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C00886846

Transaction ID : SB29.55254

Amount of Each Disbursement this Period

0.88

Memo Item

Full Name (Last, First, Middle Initial)

C. ActiveEngagement

Mailing Address 61 S. Main St.
Suite 400

City Harrisonburg State VA Zip Code 22801

Purpose of Disbursement

Fundraising Fees

003

Candidate Name

POINT OF FRICTION

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	6

FEC Identification Number

C00886846

Transaction ID : SB29.55264

Amount of Each Disbursement this Period

21.77

Memo Item

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

27.07

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial)

A. DonorBureau

Mailing Address 1900 Reston Metro Plaza
Suite 600

City Reston State VA Zip Code 20190

Purpose of Disbursement

Fundraising Fees

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2026

FEC Identification Number

C00886846

Transaction ID : SB29.55196

Amount of Each Disbursement this Period

587.16

Memo Item

Full Name (Last, First, Middle Initial)

B. DonorBureau

Mailing Address 1900 Reston Metro Plaza
Suite 600

City Reston State VA Zip Code 20190

Purpose of Disbursement

Fundraising Fees

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2026

FEC Identification Number

C00886846

Transaction ID : SB29.55253

Amount of Each Disbursement this Period

22.12

Memo Item

Full Name (Last, First, Middle Initial)

C. Frontline Strategies, LLC.

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement

Fundraising Fee

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2026

FEC Identification Number

C00886846

Transaction ID : SB29.47805

Amount of Each Disbursement this Period

283.57

Memo Item

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

892.85

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47809
Amount of Each Disbursement this Period: 661.49

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47811
Amount of Each Disbursement this Period: 1525.93

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 07 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47813
Amount of Each Disbursement this Period: 342.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2529.61

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.47816	
City Elgin	State IL	Zip Code 60123	Amount of Each Disbursement this Period 31000.00
Purpose of Disbursement Fundraising Fee		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.47818	
City Elgin	State IL	Zip Code 60123	Amount of Each Disbursement this Period 86.13
Purpose of Disbursement Fundraising Fee		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.47820	
City Elgin	State IL	Zip Code 60123	Amount of Each Disbursement this Period 206.27
Purpose of Disbursement Fundraising Fee		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... ▶

31292.40

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fee		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.47822 Amount of Each Disbursement this Period 102.03	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 13 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fee		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.47824 Amount of Each Disbursement this Period 9.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fee		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.47826 Amount of Each Disbursement this Period 572.81	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	683.84
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47828
Amount of Each Disbursement this Period: 199.94

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 16 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47830
Amount of Each Disbursement this Period: 18.36

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 20 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47832
Amount of Each Disbursement this Period: 243.42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 461.72

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 21 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47834
Amount of Each Disbursement this Period: 9.76

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47836
Amount of Each Disbursement this Period: 228.00

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fee 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.47838
Amount of Each Disbursement this Period: 59.55

Memo Item

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

297.31

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		01 / 26 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fee		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.47840
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			174.93
		<input type="checkbox"/> Memo Item	

B. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		01 / 27 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fee		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.47842
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			19.39
		<input type="checkbox"/> Memo Item	

C. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		01 / 28 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fees		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55174
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			259.07
		<input type="checkbox"/> Memo Item	

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

453.39

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55176
Amount of Each Disbursement this Period
439.68

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55178
Amount of Each Disbursement this Period
228.36

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 02 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55180
Amount of Each Disbursement this Period
318.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 986.31

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55182
Amount of Each Disbursement this Period: 801.25

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55185
Amount of Each Disbursement this Period: 563.00

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55189
Amount of Each Disbursement this Period: 122.20

Memo Item

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

1486.45

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55193
Amount of Each Disbursement this Period: 322.95

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55195
Amount of Each Disbursement this Period: 147.68

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 10 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55198
Amount of Each Disbursement this Period: 22.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 493.40

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		02 / 11 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fees		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			685.05
		<input type="checkbox"/> Memo Item	

B. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		02 / 12 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fees		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55203
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			111.15
		<input type="checkbox"/> Memo Item	

C. Frontline Strategies, LLC.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y	
Mailing Address 1501 Commerce Dr.		02 / 13 / 2026	
City Elgin	State IL	Zip Code 60123	FEC Identification Number
Purpose of Disbursement Fundraising Fees		003	C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55206
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			102.77
		<input type="checkbox"/> Memo Item	

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

898.97

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55208
Amount of Each Disbursement this Period: 154.74

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 18 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55212
Amount of Each Disbursement this Period: 241.25

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 19 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55215
Amount of Each Disbursement this Period: 322.58

Memo Item

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

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

718.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Form A: Frontline Strategies, LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fees), Candidate Name, Office Sought, Disbursement For (2026), Date of Disbursement (02/20/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55217), and Amount of Each Disbursement (104.96).

Form B: Frontline Strategies, LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fees), Candidate Name, Office Sought, Disbursement For (2026), Date of Disbursement (02/23/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55219), and Amount of Each Disbursement (229.42).

Form C: Frontline Strategies, LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fees), Candidate Name, Office Sought, Disbursement For (2026), Date of Disbursement (02/25/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55222), and Amount of Each Disbursement (1016.39).

SUBTOTAL of Disbursements This Page (optional) 1350.77
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55225
Amount of Each Disbursement this Period: 95.08

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55228
Amount of Each Disbursement this Period: 382.12

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55230
Amount of Each Disbursement this Period: 462.38

Memo Item

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

939.58

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55232
Amount of Each Disbursement this Period: 311.79

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55235
Amount of Each Disbursement this Period: 2077.70

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55238
Amount of Each Disbursement this Period: 1000.55

Memo Item

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

3390.04

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.55241 Amount of Each Disbursement this Period 718.44	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.55244 Amount of Each Disbursement this Period 714.03	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 1501 Commerce Dr.			
City Elgin	State IL	Zip Code 60123	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C C00886846 Transaction ID : SB29.55247 Amount of Each Disbursement this Period 614.73	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	2047.20
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.55250 Amount of Each Disbursement this Period 1715.86	
City Elgin	State IL	Zip Code 60123	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 12 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.55256 Amount of Each Disbursement this Period 423.46	
City Elgin	State IL	Zip Code 60123	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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. Frontline Strategies, LLC.		Date of Disbursement MM / DD / YYYY 03 / 13 / 2026	
Mailing Address 1501 Commerce Dr.		FEC Identification Number C00886846 Transaction ID : SB29.55258 Amount of Each Disbursement this Period 461.77	
City Elgin	State IL	Zip Code 60123	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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).....▶	2601.09
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55260
Amount of Each Disbursement this Period: 911.07

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55263
Amount of Each Disbursement this Period: 571.36

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55266
Amount of Each Disbursement this Period: 18800.70

Memo Item

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

20283.13

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55267
Amount of Each Disbursement this Period: 633.51

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55269
Amount of Each Disbursement this Period: 129.48

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55271
Amount of Each Disbursement this Period: 357.07

Memo Item

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

1120.06

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55273
Amount of Each Disbursement this Period: 350.74

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55275
Amount of Each Disbursement this Period: 93.05

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55277
Amount of Each Disbursement this Period: 87.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 531.73

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55280
Amount of Each Disbursement this Period: 51.81

Memo Item

B. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55282
Amount of Each Disbursement this Period: 4.09

Memo Item

C. Frontline Strategies, LLC.

Full Name (Last, First, Middle Initial)

Mailing Address 1501 Commerce Dr.

City Elgin State IL Zip Code 60123

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55284
Amount of Each Disbursement this Period: 101.41

Memo Item

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

157.31

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

<p>A. WinRed</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>01 / 06 / 2026</p>	
<p>Mailing Address 1776 Wilson Blvd. Suite 503</p>		<p>FEC Identification Number</p> <p>C C00886846 Transaction ID : SB29.47812</p>	
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22209</p>	<p>Amount of Each Disbursement this Period</p> <p>116.72</p>
<p>Purpose of Disbursement</p> <p>Fundraising Fee</p>		<p>Category/Type</p> <p>003</p>	<p>Memo Item</p>
<p>Candidate Name</p> <p>POINT OF FRICTION</p>		<p>Disbursement For: 2026</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p>116.72</p>	

<p>B. WinRed</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>01 / 07 / 2026</p>	
<p>Mailing Address 1776 Wilson Blvd. Suite 503</p>		<p>FEC Identification Number</p> <p>C C00886846 Transaction ID : SB29.47815</p>	
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22209</p>	<p>Amount of Each Disbursement this Period</p> <p>48.57</p>
<p>Purpose of Disbursement</p> <p>Fundraising Fee</p>		<p>Category/Type</p> <p>003</p>	<p>Memo Item</p>
<p>Candidate Name</p> <p>POINT OF FRICTION</p>		<p>Disbursement For: 2026</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p>48.57</p>	

<p>C. WinRed</p> <p>Full Name (Last, First, Middle Initial)</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>01 / 08 / 2026</p>	
<p>Mailing Address 1776 Wilson Blvd. Suite 503</p>		<p>FEC Identification Number</p> <p>C C00886846 Transaction ID : SB29.47819</p>	
<p>City Arlington</p>	<p>State VA</p>	<p>Zip Code 22209</p>	<p>Amount of Each Disbursement this Period</p> <p>24.59</p>
<p>Purpose of Disbursement</p> <p>Fundraising Fee</p>		<p>Category/Type</p> <p>003</p>	<p>Memo Item</p>
<p>Candidate Name</p> <p>POINT OF FRICTION</p>		<p>Disbursement For: 2026</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	
<p>Office Sought:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Senate</p> <p><input type="checkbox"/> President</p>	<p>State: District:</p>	<p>Amount of Each Disbursement this Period</p> <p>24.59</p>	

<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>	<p>189.88</p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p></p>

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Form A: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (12.34).

Form B: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (33.48).

Form C: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (6.28).

SUBTOTAL of Disbursements This Page (optional) 52.10
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Form A: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (47.06).

Form B: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (18.40).

Form C: WinRed. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Fundraising Fee), Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement (6.39).

SUBTOTAL of Disbursements This Page (optional) 71.85
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Fundraising Fee

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2026

FEC Identification Number

C00886846

Transaction ID : SB29.47833

Amount of Each Disbursement this Period

23.15

Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Fundraising Fee

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2026

FEC Identification Number

C00886846

Transaction ID : SB29.47835

Amount of Each Disbursement this Period

6.76

Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Fundraising Fee

003

Candidate Name

POINT OF FRICTION

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2026

FEC Identification Number

C00886846

Transaction ID : SB29.47837

Amount of Each Disbursement this Period

76.17

Memo Item

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

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

106.08

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed		Date of Disbursement MM / DD / YYYY 01 / 23 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C C00886846 Transaction ID : SB29.47839	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 11.98	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fee		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B. WinRed		Date of Disbursement MM / DD / YYYY 01 / 26 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C C00886846 Transaction ID : SB29.47841	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 17.83	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fee		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C. WinRed		Date of Disbursement MM / DD / YYYY 01 / 27 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C C00886846 Transaction ID : SB29.47843	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 5.92	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fee		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... ▶

35.73

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 28 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55175
Amount of Each Disbursement this Period
54.61

Memo Item

B. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55177
Amount of Each Disbursement this Period
39.04

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
01 / 30 / 2026

FEC Identification Number
C C00886846
Transaction ID : SB29.55179
Amount of Each Disbursement this Period
22.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.91

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55181
Amount of Each Disbursement this Period: 24.34

Memo Item

B. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55184
Amount of Each Disbursement this Period: 94.35

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Candidate Name
POINT OF FRICTION
Category/Type

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 04 / 2026

FEC Identification Number: C00886846
Transaction ID : SB29.55188
Amount of Each Disbursement this Period: 58.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 176.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		02 / 05 / 2026	
City Arlington	State VA	Zip Code 22209	FEC Identification Number
Purpose of Disbursement Fundraising Fees		<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input type="checkbox"/> 003	<input type="checkbox"/> C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55191
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			20.91
		<input type="checkbox"/> Memo Item	

B. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		02 / 06 / 2026	
City Arlington	State VA	Zip Code 22209	FEC Identification Number
Purpose of Disbursement Fundraising Fees		<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input type="checkbox"/> 003	<input type="checkbox"/> C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			23.75
		<input type="checkbox"/> Memo Item	

C. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		02 / 09 / 2026	
City Arlington	State VA	Zip Code 22209	FEC Identification Number
Purpose of Disbursement Fundraising Fees		<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input type="checkbox"/> 003	<input type="checkbox"/> C C00886846
Candidate Name POINT OF FRICTION		Category/ Type	Transaction ID : SB29.55197
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period
State: District:			19.87
		<input type="checkbox"/> Memo Item	

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

64.53

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55199	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 21.77
Purpose of Disbursement Fundraising Fees		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55201	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 83.28
Purpose of Disbursement Fundraising Fees		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 02 / 12 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55204	
City Arlington	State VA	Zip Code 22209	Amount of Each Disbursement this Period 15.36
Purpose of Disbursement Fundraising Fees		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... ▶

120.41

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55207
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 17.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55209
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 23.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 02 / 18 / 2026
Mailing Address 1776 Wilson Blvd. Suite 503		FEC Identification Number C00886846 Transaction ID : SB29.55213
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement Fundraising Fees		003 Category/ Type
Candidate Name POINT OF FRICTION		Amount of Each Disbursement this Period 14.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

56.48

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55216 Amount of Each Disbursement this Period 72.79	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55218 Amount of Each Disbursement this Period 17.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55220 Amount of Each Disbursement this Period 19.62	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	109.86
TOTAL This Period (last page this line number only).....	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C00886846 Transaction ID : SB29.55221	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 46.99	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B. WinRed		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C00886846 Transaction ID : SB29.55224	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 78.58	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C. WinRed		Date of Disbursement MM / DD / YYYY 02 / 26 / 2026	
Full Name (Last, First, Middle Initial)		FEC Identification Number C00886846 Transaction ID : SB29.55227	
Mailing Address 1776 Wilson Blvd. Suite 503		Amount of Each Disbursement this Period 18.54	
City Arlington	State VA	Zip Code 22209	Category/ Type 003
Purpose of Disbursement Fundraising Fees		Memo Item <input type="checkbox"/>	
Candidate Name POINT OF FRICTION			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> 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)..... ▶

144.11

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55229 Amount of Each Disbursement this Period 30.91	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55231 Amount of Each Disbursement this Period 42.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55233 Amount of Each Disbursement this Period 26.57	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	99.98
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		03 / 04 / 2026	
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		003	
Candidate Name POINT OF FRICTION		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:	<input type="checkbox"/> Memo Item		
FEC Identification Number C00886846		Transaction ID : SB29.55237	
Amount of Each Disbursement this Period		164.25	

B. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		03 / 05 / 2026	
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		003	
Candidate Name POINT OF FRICTION		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:	<input type="checkbox"/> Memo Item		
FEC Identification Number C00886846		Transaction ID : SB29.55240	
Amount of Each Disbursement this Period		60.47	

C. WinRed		Date of Disbursement	
Full Name (Last, First, Middle Initial)		MM / DD / YYYY	
Mailing Address 1776 Wilson Blvd. Suite 503		03 / 06 / 2026	
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		003	
Candidate Name POINT OF FRICTION		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:	<input type="checkbox"/> Memo Item		
FEC Identification Number C00886846		Transaction ID : SB29.55243	
Amount of Each Disbursement this Period		43.35	

SUBTOTAL of Disbursements This Page (optional).....▶	268.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Form A: WinRed. Includes fields for Full Name, Mailing Address (1776 Wilson Blvd, Suite 503), City (Arlington), State (VA), Zip Code (22209), Purpose of Disbursement (Fundraising Fees), Candidate Name (POINT OF FRICTION), Office Sought, Disbursement For (2026), Primary election type, Date of Disbursement (03/09/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55245), and Amount of Each Disbursement (47.80).

Form B: WinRed. Includes fields for Full Name, Mailing Address (1776 Wilson Blvd, Suite 503), City (Arlington), State (VA), Zip Code (22209), Purpose of Disbursement (Fundraising Fees), Candidate Name (POINT OF FRICTION), Office Sought, Disbursement For (2026), Primary election type, Date of Disbursement (03/10/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55249), and Amount of Each Disbursement (43.96).

Form C: WinRed. Includes fields for Full Name, Mailing Address (1776 Wilson Blvd, Suite 503), City (Arlington), State (VA), Zip Code (22209), Purpose of Disbursement (Fundraising Fees), Candidate Name (POINT OF FRICTION), Office Sought, Disbursement For (2026), Primary election type, Date of Disbursement (03/11/2026), FEC Identification Number (C00886846), Transaction ID (SB29.55255), and Amount of Each Disbursement (120.15).

SUBTOTAL of Disbursements This Page (optional) 211.91
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55257

Amount of Each Disbursement this Period
29.90

Memo Item

B. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 13 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55259

Amount of Each Disbursement this Period
33.08

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 16 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55261

Amount of Each Disbursement this Period
63.87

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 126.85

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed Full Name (Last, First, Middle Initial) Mailing Address 1776 Wilson Blvd. Suite 503 City Arlington State VA Zip Code 22209 Purpose of Disbursement Fundraising Fees Candidate Name POINT OF FRICTION Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2026 FEC Identification Number C C00886846 Transaction ID : SB29.55265 Amount of Each Disbursement this Period 47.50 <input type="checkbox"/> Memo Item
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B. WinRed Full Name (Last, First, Middle Initial) Mailing Address 1776 Wilson Blvd. Suite 503 City Arlington State VA Zip Code 22209 Purpose of Disbursement Fundraising Fees Candidate Name POINT OF FRICTION Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2026 FEC Identification Number C C00886846 Transaction ID : SB29.55268 Amount of Each Disbursement this Period 87.19 <input type="checkbox"/> Memo Item
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C. WinRed Full Name (Last, First, Middle Initial) Mailing Address 1776 Wilson Blvd. Suite 503 City Arlington State VA Zip Code 22209 Purpose of Disbursement Fundraising Fees Candidate Name POINT OF FRICTION Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2026 FEC Identification Number C C00886846 Transaction ID : SB29.55270 Amount of Each Disbursement this Period 23.38 <input type="checkbox"/> Memo Item
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SUBTOTAL of Disbursements This Page (optional).....▶	158.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 20 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55272
Amount of Each Disbursement this Period
30.23

Memo Item

B. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55274
Amount of Each Disbursement this Period
28.63

Memo Item

C. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Fundraising Fees 003
Category/Type

Candidate Name
POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
03 / 24 / 2026

FEC Identification Number
C00886846
Transaction ID : SB29.55276
Amount of Each Disbursement this Period
15.21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 74.07

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
POINT OF FRICTION

Full Name (Last, First, Middle Initial) A. WinRed		Date of Disbursement MM / DD / YYYY 03 / 25 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55279 Amount of Each Disbursement this Period 36.59	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. WinRed		Date of Disbursement MM / DD / YYYY 03 / 26 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55281 Amount of Each Disbursement this Period 12.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. WinRed		Date of Disbursement MM / DD / YYYY 03 / 27 / 2026	
Mailing Address 1776 Wilson Blvd. Suite 503			
City Arlington	State VA	Zip Code 22209	
Purpose of Disbursement Fundraising Fees		Category/ Type 003	
Candidate Name POINT OF FRICTION		FEC Identification Number C00886846 Transaction ID : SB29.55283 Amount of Each Disbursement this Period 20.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	69.53
TOTAL This Period (last page this line number only)..... ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POINT OF FRICTION

A. WinRed

Full Name (Last, First, Middle Initial)

Mailing Address 1776 Wilson Blvd.
Suite 503

City Arlington State VA Zip Code 22209

Purpose of Disbursement Fundraising Fees 003 Category/Type

Candidate Name POINT OF FRICTION

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 31 / 2026

FEC Identification Number C C00886846
Transaction ID : SB29.55285
Amount of Each Disbursement this Period 32.36

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	32.36
TOTAL This Period (last page this line number only).....▶	77105.53