

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

LARSON FOR CONGRESS

ADDRESS (number and street)

PO Box 261172

Check if different
than previously
reported. (ACC)

Hartford

CT

06126-1172

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00330142

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CT

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2025

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

Type or Print Name of Treasurer

Feldman, Barry, , ,

Signature of Treasurer

Feldman, Barry, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

13

Y Y Y Y

2025

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	138167.89	155658.89
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	138167.89	155658.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	81437.20	217104.24
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	762.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	81437.20	216342.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	296693.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1889.62	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11992.27	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

16383.00

16633.00

(ii) Unitemized

22229.89

22470.89

(iii) TOTAL of contributions
from individuals ▶

38612.89

39103.89

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

99555.00

116555.00

(d) The Candidate

0.00

0.00

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

138167.89

155658.89

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

762.20

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

1814.78

3305.72

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

139982.67

159726.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	81437.20	217104.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	10580.90	11983.59
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	92018.10	229087.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	248729.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	139982.67
25. SUBTOTAL (add Line 23 and Line 24).....	388711.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92018.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	296693.82

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

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

FOR LINE NUMBER:
(check only one)

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

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)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Agrawal, G. L., , ,

A.

Mailing Address 49 W Dudley Town Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
R&D Dynamics Corp.

Occupation
Engineer

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 02 2025

Transaction ID : SA11AI.97001

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Alvord, Joel, , ,

B.

Mailing Address 249 B Fisherville Lane

City

Westport

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2025

Transaction ID : SA11AI.98477

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Billings, Cherry, , ,

C.

Mailing Address 7701 Woodmont Avenue

City

Bethesad

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation
Not employed

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 17 2025

Transaction ID : SA11AI.98069

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

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

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

1750.00

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bzdyra, Michael R., , ,

A.

Mailing Address 47 Fairlawn Drive

City

Wallingford

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Conn. Resources & Recovery Aut

Occupation

Public Relations

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97037

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Ciotto-LaRose, Maria, , ,

B.

Mailing Address 69 Butler Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

None

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2025D D / Y Y Y Y Y
12 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.97041

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Collins, James M., , ,

C.

Mailing Address 66 Whitman Avenue

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Real Estate Service

Occupation

Property Management

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2025D D / Y Y Y Y Y
15 / 2025Y Y Y Y Y
2025

Transaction ID : SA11AI.97990

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Coray, Joseph, , ,

A.

Mailing Address 102 Goodwin Circle

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer

W R Berkley Corp.

Occupation

Insurance

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97006

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Davis, Christopher, , ,

B.

Mailing Address 2 I Street SE, Apt. 1022

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Hill Consulting Group

Occupation

Senior Vice President

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	5

Transaction ID : SA11AI.98042

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

DeFazio, Angelo, , ,

C.

Mailing Address 120 Indian Hill Road

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ang Inc.

Occupation

President/CEO

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.98133

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dombrowski, Robert, , ,

A.

Mailing Address 102 Ellsworth Boulevard

City
Berlin

State
CT

Zip Code
06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dombrowski Law Group

Occupation
Attorney

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97918

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Emmel, David K., , ,

B.

Mailing Address 28 Henderson Drive

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 13 2025

Transaction ID : SA11AI.97646

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Graefe, Frederick H., , ,

C.

Mailing Address 319 Constitution Avenue NE

City
Washintgon

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Off. Frederick H. Graefe

Occupation
Attorney

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 23 2025

Transaction ID : SA11AI.98075

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ha, Elaine, , ,

A.

Mailing Address 5022 Calle de Escuela

City

Santa Clara

State

CA

Zip Code

95054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 12 2025

Transaction ID : SA11AI.97475

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Holleman, Vicki, , ,

B.

Mailing Address 322 W 72nd Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2025

Transaction ID : SA11AI.98163

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Kozak, David J., , ,

C.

Mailing Address 31 Hunter's Ridge

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer

PITA Communications

Occupation

Director

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97902

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Lamb, Timothy, , ,

A.

Mailing Address 97 Great Pond Road

City

S. Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Constitution Advisors Inc.

Occupation

Consultant

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.97919

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Long, Michael T., , ,

B.

Mailing Address 50 Sarah Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2025

Transaction ID : SA11AI.98103

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Maas, Richard, , ,

C.

Mailing Address 96 Beals Street

City

Brookline

State

MA

Zip Code

02446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Physician-Scientist

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2025

Transaction ID : SA11AI.97460

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

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

1600.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

McDonald, Dale, , ,

A.

Mailing Address 141 Belden Street

City

Falls Village

State

CT

Zip Code

06931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2025

Transaction ID : SA11AI.98050

Amount of Each Receipt this Period

333.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

McQuade, David J., , ,

B.

Mailing Address 20-13 Whitney Ferguson Road

City

Vernon

State

CT

Zip Code

06066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

255.00

Date of Receipt

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

Transaction ID : SA11AI.97036

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Miller, Sharon A., , ,

C.

Mailing Address 61 Sunset Ridge Drive

City

EastHartford

State

CT

Zip Code

06118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2025

Transaction ID : SA11AI.98091

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

833.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mitchell, Dustin J., , ,

A.

Mailing Address 2 Christine Lane

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Environmental Services, Inc.

Occupation

Asst. General Manager

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2025

Transaction ID : SA11AI.96863

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Mitchell, William F., , ,

B.

Mailing Address 90 Brookfield Street

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Environmental Services

Occupation

Manager

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 15 2025

Transaction ID : SA11AI.97994

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Reese, Kim, , ,

C.

Mailing Address 151 Power Street

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 13 2025

Transaction ID : SA11AI.97762

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

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

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

1750.00

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Salina, Adam P., , ,

A.

Mailing Address 95 Spicewood Lane

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
PITA CommunicationsOccupation
Gov't. Relations and Public Affairs

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97979

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

B.

Full Name (Last, First, Middle Initial)

Scheinberg, Mark E., , ,

Mailing Address 1 Riverside Drive

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin CollegeOccupation
President

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 15 2025

Transaction ID : SA11AI.98111

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Schwartz, Linda, , ,

Mailing Address 384 N Anguilla Road

City

Pawcatuck

State

CT

Zip Code

06379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employedOccupation
Not employed

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.97928

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

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

3000.00

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

PAGE 14 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Stupak, Bart, , ,

Mailing Address 5375 J. S Road

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C

Name of Employer
VenableOccupation
Partner

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 17 2025

Transaction ID : SA11AI.98098

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Temkin, Alan, , ,

Mailing Address 178 Ledge Drive

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATA Realty, IncOccupation
CEO

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11AI.98191

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

Full Name (Last, First, Middle Initial)

Viswanathan, Srikanth, , ,

Mailing Address 844 NE 67th Street

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
SnowflakeOccupation
Software engineer

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 12 2025

Transaction ID : SA11AI.97537

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ActBlue PAC

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

1000.00

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

PAGE 15 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Wallace, Matthew, , ,

A.

Mailing Address 324 Deming Street

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vrsim

Occupation

CEO

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

Transaction ID : SA11AI.97909

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ActBlue PAC

B.

Full Name (Last, First, Middle Initial)

Young, Mary, , ,

Mailing Address 103 Autumn Street

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henkel Corporation

Occupation

Tax Director

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.98113

Amount of Each Receipt this Period

200.00

☐ Memo Item

Earmarked through ActBlue PAC

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

700.00

☐ Memo Item

16383.00

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

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

PAGE 16 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.96903

Amount of Each Receipt this Period

48.00

☒ Memo ItemTotal earmarked through conduit. PAC limit not
affected**B.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.96904

Amount of Each Receipt this Period

10.00

☒ Memo ItemTotal earmarked through conduit. PAC limit not
affected**C.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.96905

Amount of Each Receipt this Period

20.00

☒ Memo ItemTotal earmarked through conduit. PAC limit not
affected**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

Diagram illustrating a 1D lattice with 5 sites. The sites are labeled 11a, 11b, 11c, 11d, and 11e (implied). The bottom row of boxes is labeled 12, 13a, 13b, 14, and 15. The top row of boxes is labeled 11a, 11b, 11c, 11d, and 11e. The site 11c contains an 'X' in the top box.

LARSON FOR CONGRESS

FEC Schedule A (Form 3) (Revised 05/2016)

FOR LINE NUMBER:
(check only one)

Diagram illustrating a 1D lattice with 5 sites. The sites are labeled 11a, 11b, 11c, 11d, and 11e (implied). The bottom row of boxes is labeled 12, 13a, 13b, 14, and 15. The top row of boxes is labeled 11a, 11b, 11c, 11d, and 11e. The site 11c contains an 'X' in the top box.

LARSON FOR CONGRESS

FEC Schedule A (Form 3) (Revised 05/2016)

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

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

FOR LINE NUMBER: PAGE 19 OF 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 09 2025

Transaction ID : SA11C.98152

Amount of Each Receipt this Period

675.00

☒ Memo Item

Total earmarked through conduit. PAC limit not affected

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 12 2025

Transaction ID : SA11C.98351

Amount of Each Receipt this Period

675.00

☒ Memo Item

Total earmarked through conduit. PAC limit not affected

Full Name (Last, First, Middle Initial)

ACTBLUE

C.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2025

Transaction ID : SA11C.98151

Amount of Each Receipt this Period

24221.46

☒ Memo Item

Total earmarked through conduit. PAC limit not affected

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
03 19 2025

Transaction ID : SA11C.98352

Amount of Each Receipt this Period

24221.46

☒ Memo Item

Total earmarked through conduit. PAC limit not affected

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address P.O. BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
03 26 2025

Transaction ID : SA11C.98353

Amount of Each Receipt this Period

2516.00

☒ Memo Item

Total earmarked through conduit. PAC limit not affected

Full Name (Last, First, Middle Initial)

ALLIANCE FOR RETIRED AMERICANS

C.

Mailing Address 815 16TH STREET NW 4TH FLOOR NORTH

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C30001226

Name of Employer

Occupation

Receipt For: 2026

☐ Primary

☐ General

☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 17 2025

Transaction ID : SA11C.98095

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Mailing Address 9700 West Bryn Mawr Ave.City
RosemontState
ILZip Code
60018FEC ID number of contributing
federal political committee.**C** C00005660

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11C.98077

Amount of Each Receipt this Period

2000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)
AMERICAN CHIROPRACTIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1701 CLARENDON BOULEVARD

City
ARLINGTONState
VAZip Code
22209FEC ID number of contributing
federal political committee.**C** C00102764

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98096

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)Mailing Address 1015 15th St. NW
Suite 802City
WashingtonState
DCZip Code
20005FEC ID number of contributing
federal political committee.**C** C00010868

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11C.98359

Amount of Each Receipt this Period

1500.00

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

6000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEEMailing Address 101 Constitution Ave., NW
Suite 700City
WashingtonState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00147066

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		20		2025

Transaction ID : SA11C.98421

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Earmarked through Democracy Engine PAC

B.

Full Name (Last, First, Middle Initial)

AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

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

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11C.98246

Amount of Each Receipt this Period

5000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 NEW JERSEY AVENUE N W

City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00028860

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		27		2025

Transaction ID : SA11C.98357

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE**A.**

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.98419

Amount of Each Receipt this Period

9.43

☒ Memo ItemTotal earmarked through conduit. PAC limit not
affected**B.**

Full Name (Last, First, Middle Initial)

AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)Mailing Address 5100 Wisconsin Ave. NW
Suite 307

City

Washington

State

DC

Zip Code

20016

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

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.98089

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1910 Sunderland Place, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C00114132

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.98247

Amount of Each Receipt this Period

1500.00

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

2500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

AVANGRID POLITICAL ACTION COMMITTEE**A.** Mailing Address 52 FARM VIEW DRIVE

City

NEW GLOUCESTER

State

ME

Zip Code

04260

FEC ID number of contributing
federal political committee.**C** C00406801

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.98242

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)**CAMBIA HEALTH SOLUTIONS INC. PAC**

Mailing Address 200 SW MARKET ST.

PO BOX 1271 MS E12C

City

PORTLAND

State

OR

Zip Code

97207

FEC ID number of contributing
federal political committee.**C** C00252684

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98093

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)**CIGNA CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address ONE LIBERTY PL

City

PHILADELPHIA

State

PA

Zip Code

19192

FEC ID number of contributing
federal political committee.**C** C00085316

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☐ General☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98086

Amount of Each Receipt this Period

2500.00

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

8500.00

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

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

FOR LINE NUMBER: PAGE 25 OF 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

COX ENTERPRISES PAC (COXPAC) INC.**A.**Mailing Address 975 F Street, NW
Suite 300City
WashingtonState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00477653

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2025

Transaction ID : SA11C.97014

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

COX ENTERPRISES PAC (COXPAC) INC.Mailing Address 975 F Street, NW
Suite 300City
WashingtonState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00477653

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 06 2025

Transaction ID : SA11C.98364

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

CVS HEALTH PACMailing Address 1275 PENNSYLVANIA AVENUE, NW
SUITE 700City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00384818

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5555.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 26 2025

Transaction ID : SA11C.98243

Amount of Each Receipt this Period

5555.00

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

7555.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

DELL TECHNOLOGIES, INC. POLITICAL ACTION COMMITTEE**A.**Mailing Address 440 FIRST ST, NW
SUITE 820City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00369751

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		27		2025

Transaction ID : SA11C.98244

Amount of Each Receipt this Period

1500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE HEALTH PAC)Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 710City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00197228

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		07		2025

Transaction ID : SA11C.98354

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

Mailing Address 520 S GRAND AVE STE 700

City
LOS ANGELESState
CAZip Code
90071FEC ID number of contributing
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
02		06		2025

Transaction ID : SA11C.98080

Amount of Each Receipt this Period

1000.00

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

FEDERATION OF AMERICAN HOSPITALS PAC**A.**Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00002261

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
02		20		2025

Transaction ID : SA11C.98087

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FINANCIAL SERVICES POLITICAL COMMITTEE**B.**

Mailing Address LIBERTY CENTER-27TH FLOOR

City
PITTSBURGHState
PAZip Code
15222FEC ID number of contributing
federal political committee.**C** C00162735

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		10		2025

Transaction ID : SA11C.98361

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)**C.**Mailing Address 82 Devonshire Street
N5ACity
BostonState
MAZip Code
02109FEC ID number of contributing
federal political committee.**C** C00380550

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		30		2025

Transaction ID : SA11C.98420

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Earmarked through Democracy Engine PAC

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**A.** Mailing Address 3190 FAIRVIEW PARK DRIVECity
FALLS CHURCHState
VAZip Code
22042FEC ID number of contributing
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98252

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE PAC)**B.** Mailing Address 7 HANOVER SQUARE
C/O EDWARD KANECity
NEW YORKState
NYZip Code
10004FEC ID number of contributing
federal political committee.**C** C00173393

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.98083

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**C.** Mailing Address 101 Constitution Avenue NW
Suite 500 WestCity
WashingtonState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98476

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

INTERNATIONAL ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS POLITICAL A

A.Mailing Address 1750 NEW YORK AVENUE, NW
SUITE 600City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00007542

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.98085

Amount of Each Receipt this Period

5000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

JOHN HANCOCK FINANCIAL SERVICES, INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 601 Congress St
FL 13City
BostonState
MAZip Code
02210FEC ID number of contributing
federal political committee.**C** C00137265

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98099

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5th Avenue South
Suite 428City
La CrosseState
WIZip Code
54601FEC ID number of contributing
federal political committee.**C** C00312017

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98079

Amount of Each Receipt this Period

1000.00

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

7000.00

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

FOR LINE NUMBER: PAGE 30 OF 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEEMailing Address 200 E BERRY STREET
PO BOX 7813City
FORT WAYNEState
INZip Code
45802FEC ID number of contributing
federal political committee.**C** C00110577

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98100

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE (LPL PAC)Mailing Address 75 STATE STREET
24TH FLOORCity
BOSTONState
MAZip Code
02109FEC ID number of contributing
federal political committee.**C** C00486217

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98253

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Mailing Address 1150 17TH STREET NW SUITE 701

City
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11C.98101

Amount of Each Receipt this Period

1500.00

☐ Memo Item

6500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

A.

Mailing Address 1922 F STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.**C** C00005249

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.98423

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Earmarked through Democracy Engine PAC

B.

Full Name (Last, First, Middle Initial)

NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.**C** C00130773

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

Transaction ID : SA11C.98102

Amount of Each Receipt this Period

5000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE (910)

City

NEW YORK

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98254

Amount of Each Receipt this Period

2500.00

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

12500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE			Date of Receipt M M / D D / Y Y Y Y Y 02 / 25 / 2025	
Mailing Address 801 PENNSYLVANIA AVE., NW SUITE 220			Transaction ID : SA11C.98090	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00064774		Memo Item <input type="checkbox"/>		
Name of Employer		Occupation		
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) OTIS WORLDWIDE CORPORATION POLITICAL ACTION COMMITTEE			Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2025	
Mailing Address ONE CARRIER PLACE			Transaction ID : SA11C.98355	
City FARMINGTON	State CT	Zip Code 06023	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00742239		Memo Item <input type="checkbox"/>		
Name of Employer		Occupation		
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention		Election Cycle-to-Date 1500.00		
C. Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS			Date of Receipt M M / D D / Y Y Y Y Y 02 / 06 / 2025	
Mailing Address 317 MASSACHUSETTS AVENUE NE			Transaction ID : SA11C.98082	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00343137		Memo Item <input type="checkbox"/>		
Name of Employer		Occupation		
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			3500.00	
TOTAL This Period (last page this line number only).....				

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

REALTORS POLITICAL ACTION COMMITTEE**A.**

Mailing Address 430 NORTH MICHIGAN AVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98358

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SUN LIFE FINANCIAL (U.S.) SERVICES COMPANY INC PAC SUN LIFE PAC**B.**

Mailing Address 201 TOWNSEND STREET SUITE 900

City

LANSING

State

MI

Zip Code

48933

FEC ID number of contributing
federal political committee.**C** C00677146

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.98255

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF**C.**Mailing Address 1101 Pennsylvania Avenue NW
Suite 800

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00431361

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.98256

Amount of Each Receipt this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

UBS AMERICAS FUND FOR BETTER GOVERNMENT

A.

Mailing Address 1285 AVENUE OF THE AMERICAS

City
NEW YORK

State
NY

Zip Code
10019

FEC ID number of contributing
federal political committee.

C C00012245

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.98257

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

5000.00

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

99555.00

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

PAGE 35 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Vanguard Investments

A.

Mailing Address PO Box 3009

City

Monroe

State

WI

Zip Code

53566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

2218.95

Date of Receipt

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

Transaction ID : SA15.96974

Amount of Each Receipt this Period

731.42

☐ Memo Item
Dividend**B.**

Full Name (Last, First, Middle Initial)

Vanguard Investments

Mailing Address PO Box 3009

City

Monroe

State

WI

Zip Code

53566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

2750.56

Date of Receipt

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

Transaction ID : SA15.96973

Amount of Each Receipt this Period

531.61

☐ Memo Item
Dividend**C.**

Full Name (Last, First, Middle Initial)

Vanguard Investments

Mailing Address PO Box 3009

City

Monroe

State

WI

Zip Code

53566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

3301.89

Date of Receipt

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

Transaction ID : SA15.98258

Amount of Each Receipt this Period

551.33

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

1814.36

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

1814.36

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Service fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

958.40

Transaction ID : SB17.98145

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Service fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

99.50

Transaction ID : SB17.98323

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2025

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Service fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.91

Transaction ID : SB17.98322

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

1088.81

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Service fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

81.33

Transaction ID : SB17.98321

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Advanced Network Strategies, LLC

Mailing Address 236 Massachusetts Avenue, N.E.

City
WashingtonState
DCZip Code
22220Purpose of Disbursement
Fundraising fees and expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4635.00

Transaction ID : SB17.96848

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Advanced Network Strategies, LLC

Mailing Address 236 Massachusetts Avenue, N.E.

City
WashingtonState
DCZip Code
22220Purpose of Disbursement
Fundraising fees and expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5675.00

Transaction ID : SB17.96976

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

10391.33

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Advanced Network Strategies, LLC

Mailing Address 236 Massachusetts Avenue, N.E.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

City
WashingtonState
DCZip Code
22220

FEC Identification Number

C

Purpose of Disbursement
Fundraising fees and expenses

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5075.00

Transaction ID : SB17.98270

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 114

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2025

City
NewarkState
NJZip Code
07101

FEC Identification Number

C

Purpose of Disbursement
Credit card payment (see below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5423.09

Transaction ID : SB17.96886

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Washington Music Center

Mailing Address 11151 Veirs Mill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2024

City
Silver SpringState
MDZip Code
20902

FEC Identification Number

C

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

- 503.00

Transaction ID : SB17.96886.1

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

10498.09

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMTRAK Charter Services

Mailing Address 30th Street Station

City
PhiladelphiaState
PAZip Code
19104Purpose of Disbursement
Refund

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

- 158.90

Transaction ID : SB17.96886.2

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK Charter Services

Mailing Address 30th Street Station

City
PhiladelphiaState
PAZip Code
19104Purpose of Disbursement
Refund

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 49.00

Transaction ID : SB17.96886.3

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. The National Democratic Club

Mailing Address 30 Ivy Street, SE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

778.18

Transaction ID : SB17.96886.5

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Max Fish

Mailing Address 140 Glastonbury Blvd.

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

650.38

Transaction ID : SB17.96886.7

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Goodwin College

Mailing Address One Riverside Drive

City
East HartfordState
CTZip Code
06118Purpose of Disbursement
Facility fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

540.00

Transaction ID : SB17.96886.9

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address 20 Alexander Drive

City
WallingfordState
CTZip Code
06492Purpose of Disbursement
Cell phone service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

556.60

Transaction ID : SB17.96886.10

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Washington Music Center

Mailing Address 11151 Veirs Mill Road

City
Silver SpringState
MDZip Code
20902Purpose of Disbursement
Audio services

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

730.20

Transaction ID : SB17.96886.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Trattoria Alberto

Mailing Address 506 8th Street, S.E.

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

59.27

Transaction ID : SB17.96886.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Extra Space Storage

Mailing Address 171 Roberts Street

City
East HartfordState
CTZip Code
06108Purpose of Disbursement
Storage

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

282.89

Transaction ID : SB17.96886.15

☒ Memo Item

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

0.00

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

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

PAGE 42 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bistro Cacao

Mailing Address 316 Massachusetts Ave NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City
WashingtonState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

378.84

Transaction ID : SB17.96886.16

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. U. S. House Gift Shop

Mailing Address B-217 Longworth Bldg.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2024

City
WashingtonState
DCZip Code
20515

FEC Identification Number

C

Purpose of Disbursement
Mementoes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

374.00

Transaction ID : SB17.96886.17

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. U. S. House Gift Shop

Mailing Address B-217 Longworth Bldg.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2024

City
WashingtonState
DCZip Code
20515

FEC Identification Number

C

Purpose of Disbursement
Mementoes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

956.00

Transaction ID : SB17.96886.18

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 43 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Harry & David

Mailing Address 2500 S. Pacific Hwy.

Date of Disbursement

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

City
MedfordState
ORZip Code
97501

FEC Identification Number

C

Purpose of Disbursement
Basket

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

78.96

Transaction ID : SB17.96886.19

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. The National Democratic Club

Mailing Address 30 Ivy Street, SE

Date of Disbursement

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

City
WashingtonState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

280.83

Transaction ID : SB17.96886.20

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. House of Flora Flower Market

Mailing Address PO box 330231

Date of Disbursement

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

City
West HartfordState
CTZip Code
06113

FEC Identification Number

C

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

188.24

Transaction ID : SB17.96886.21

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 44 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Harry & David

Mailing Address 2500 S. Pacific Hwy.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2024

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.96

Transaction ID : SB17.96886.23

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 114

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2025

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit card payment - see below

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11992.20

Transaction ID : SB17.97021

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address 20 Alexander Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2024

City
WallingfordState
CTZip Code
06492Purpose of Disbursement
Cell phone service

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

560.13

Transaction ID : SB17.97021.2

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

11992.20

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

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

PAGE 45 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Trattoria Alberto

Mailing Address 506 8th Street, S.E.

Date of Disbursement

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

City
WashingtonState
DCZip Code
20005

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

597.53

Transaction ID : SB17.97021.4

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. National Democratic Club

Mailing Address 30 Ivy Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
WashingtonState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

234.12

Transaction ID : SB17.97021.5

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Extra Space Storage

Mailing Address 171 Roberts Street

Date of Disbursement

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

City
East HartfordState
CTZip Code
06108

FEC Identification Number

C

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

282.89

Transaction ID : SB17.97021.6

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 46 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Max Fish

Mailing Address 140 Glastonbury Blvd.

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

289.93

Transaction ID : SB17.97021.7

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Trattoria Alberto

Mailing Address 506 8th Street, S.E.

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

423.57

Transaction ID : SB17.97021.9

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMA

Mailing Address 885 New Jersey Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

367.57

Transaction ID : SB17.97021.10

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

0.00

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

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

PAGE 47 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Harry & David

Mailing Address 2500 S. Pacific Hwy.

Date of Disbursement

M M	D D	Y Y Y Y
01	16	2025

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

113.97

Transaction ID : SB17.97021.11

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. House of Flora Flower Market

Mailing Address PO box 330231

Date of Disbursement

M M	D D	Y Y Y Y
01	16	2025

City
West HartfordState
CTZip Code
06113Purpose of Disbursement
Flowers

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

111.08

Transaction ID : SB17.97021.12

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 114

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2025

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit card payment - see below

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3063.50

Transaction ID : SB17.98334

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

3063.50

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

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

PAGE 48 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address 20 Alexander Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2025

City
WallingfordState
CTZip Code
06492Purpose of Disbursement
Cell phone service

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

583.92

Transaction ID : SB17.98334.3

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Peppercorn's Grill

Mailing Address P.O. Box 776

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		29		2025

City
PlainvilleState
CTZip Code
06062Purpose of Disbursement
Food and beverage

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

107.66

Transaction ID : SB17.98334.4

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. OMNI Data LLC

Mailing Address 4 Industry Drive Ext

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2025

City
West HavenState
CTZip Code
06516Purpose of Disbursement
Security

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

181.77

Transaction ID : SB17.98334.5

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

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

PAGE 49 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Extra Space Storage

Mailing Address 171 Roberts Street

City
East HartfordState
CTZip Code
06108Purpose of Disbursement
Storage

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

282.89

Transaction ID : SB17.98334.6

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Harry & David

Mailing Address 2500 S. Pacific Hwy.

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

55.90

Transaction ID : SB17.98334.7

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Harry & David

Mailing Address 2500 S. Pacific Hwy.

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

55.98

Transaction ID : SB17.98334.8

☒ Memo Item

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

0.00

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

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

PAGE 50 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Harry & David

Mailing Address 2500 S. Pacific Hwy.

Date of Disbursement

M M	D D	Y Y Y Y
02	10	2025

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.98

Transaction ID : SB17.98334.9

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Harry & David

Mailing Address 2500 S. Pacific Hwy.

Date of Disbursement

M M	D D	Y Y Y Y
02	10	2025

City
MedfordState
ORZip Code
97501Purpose of Disbursement
Basket

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.98

Transaction ID : SB17.98334.10

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. A Special Place Floral

Mailing Address 20 Jefferson Avenue

Date of Disbursement

M M	D D	Y Y Y Y
02	16	2025

City
West HartfordState
CTZip Code
06110Purpose of Disbursement
Flowers

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

292.46

Transaction ID : SB17.98334.12

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

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

PAGE 51 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Apollo Artistry

Mailing Address 1165 N Clark Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2025

City
ChicagoState
ILZip Code
60610Purpose of Disbursement
Website hosting

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.96853

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Apollo Artistry

Mailing Address 1165 N Clark Street

Date of Disbursement

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

City
ChicagoState
ILZip Code
60610Purpose of Disbursement
Website hosting

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.98261

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Apollo Artistry

Mailing Address 1165 N Clark Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
ChicagoState
ILZip Code
60610Purpose of Disbursement
Website hosting

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.98275

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

300.00

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

--

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

PAGE 52 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96830

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96828

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.66

Transaction ID : SB17.96826

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

416.00

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

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

PAGE 53 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96824

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96985

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96989

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

416.01

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

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

PAGE 54 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.66

Transaction ID : SB17.96991

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96995

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

139.67

Transaction ID : SB17.96987

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

417.00

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

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

PAGE 55 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

139.67

Transaction ID : SB17.96993

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.96981

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.66

Transaction ID : SB17.98073

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

417.00

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

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

PAGE 56 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Christiana, Linda, , ,

Mailing Address 96 Oak Forest Drive

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.67

Transaction ID : SB17.98259

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cooper, Keith, , ,

Mailing Address 3 Chamberlain Drive

City
West HartfordState
CTZip Code
06107Purpose of Disbursement
Entertainment

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.96901

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DMV Staffing Services

Mailing Address 4315 Josephine Avenue

City
BeltsvilleState
MDZip Code
20705Purpose of Disbursement
Event staffing

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.97019

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

863.67

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

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

PAGE 57 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Exxon/Mobil

Mailing Address P. O. Box 688940

City
Des MoinesState
IAZip Code
50368Purpose of Disbursement
Campaign vehicle gasoline

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

137.10

Transaction ID : SB17.96897

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Exxon/Mobil

Mailing Address P. O. Box 688940

City
Des MoinesState
IAZip Code
50368Purpose of Disbursement
Campaign vehicle gasoline

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

265.38

Transaction ID : SB17.97027

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Exxon/Mobil

Mailing Address P. O. Box 688940

City
Des MoinesState
IAZip Code
50368Purpose of Disbursement
Campaign vehicle gasoline

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

135.38

Transaction ID : SB17.98346

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

537.86

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

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

PAGE 58 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

City
CentrevilleState
MDZip Code
21617

FEC Identification Number

C

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

557.00

Transaction ID : SB17.96831

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2025

City
CentrevilleState
MDZip Code
21617

FEC Identification Number

C

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

557.42

Transaction ID : SB17.96829

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2025

City
CentrevilleState
MDZip Code
21617

FEC Identification Number

C

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

557.42

Transaction ID : SB17.96827

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

1671.84

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

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

PAGE 59 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

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

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.42

Transaction ID : SB17.96825

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

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

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.96986

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

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

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.56

Transaction ID : SB17.96990

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

1672.55

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

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

PAGE 60 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.96992☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.96996☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2093.03

Transaction ID : SB17.96988☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3208.17

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

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

PAGE 61 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2025

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.96994

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.96982

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2025

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.98074

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

1672.71

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

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

PAGE 62 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Feldman, Barry, , ,

Mailing Address 185 Symphony Way

City
CentrevilleState
MDZip Code
21617Purpose of Disbursement
Salary

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

557.57

Transaction ID : SB17.98260

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google.

Mailing Address 111 Eighth Avenue

City
New YorkState
NYZip Code
10011Purpose of Disbursement
Web service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

214.51

Transaction ID : SB17.96882

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google.

Mailing Address 111 Eighth Avenue

City
New YorkState
NYZip Code
10011Purpose of Disbursement
Web service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

12.77

Transaction ID : SB17.96883

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

784.85

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

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

PAGE 63 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Google.

Mailing Address 111 Eighth Avenue

Date of Disbursement

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

City
New YorkState
NYZip Code
10011

FEC Identification Number

C

Purpose of Disbursement
Web service

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

214.40

Transaction ID : SB17.97033

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Google.

Mailing Address 111 Eighth Avenue

Date of Disbursement

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

City
New YorkState
NYZip Code
10011

FEC Identification Number

C

Purpose of Disbursement
Web service

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.86

Transaction ID : SB17.97034

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Google.

Mailing Address 111 Eighth Avenue

Date of Disbursement

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

City
New YorkState
NYZip Code
10011

FEC Identification Number

C

Purpose of Disbursement
Web service

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

218.23

Transaction ID : SB17.98327

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

445.49

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

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

PAGE 64 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Google.

Mailing Address 111 Eighth Avenue

City
New YorkState
NYZip Code
10011Purpose of Disbursement
Web service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

12.86

Transaction ID : SB17.98328

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maneeley's Banquet Facility, LLC

Mailing Address 65 Rye Street

City
South WindsorState
CTZip Code
06074Purpose of Disbursement
Web service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5124.73

Transaction ID : SB17.96977

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marketing Solutions, LLC

Mailing Address 109 Talcott Road

City
West HartfordState
CTZip Code
06110Purpose of Disbursement
Printing and postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

3954.57

Transaction ID : SB17.98273

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

9092.16

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

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

PAGE 65 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mission Control, Inc.

Mailing Address 114A Mansfield Hollow Road

Date of Disbursement

M M	D D	Y Y Y Y
01	15	2025

City
MansfieldState
CTZip Code
06250

FEC Identification Number

C

Purpose of Disbursement
Mailings

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

531.76

Transaction ID : SB17.96900

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Mulberry Street Pizza

Mailing Address 961 Main Street

Date of Disbursement

M M	D D	Y Y Y Y
03	10	2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.10

Transaction ID : SB17.98267

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. National Democratic Club

Mailing Address 30 Ivy Street, SE

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2025

City
WashingtonState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.89

Transaction ID : SB17.97025

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

676.75

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

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

PAGE 66 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. National Democratic Club

Mailing Address 30 Ivy Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Political meals

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

146.86

Transaction ID : SB17.98264

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Data service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1136.25

Transaction ID : SB17.96880

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Data service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1032.46

Transaction ID : SB17.96881

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

2315.57

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

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

PAGE 67 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Data service

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1032.46

Transaction ID : SB17.97030

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Data service

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1136.25

Transaction ID : SB17.97017

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP Software, Inc.

Mailing Address 1101 Vermont Avenue, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Data service

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1032.46

Transaction ID : SB17.98326

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

3201.17

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

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

PAGE 68 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.96879

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

345.04

Transaction ID : SB17.96885

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

276.83

Transaction ID : SB17.96888

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

666.40

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

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

PAGE 69 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

343.43

Transaction ID : SB17.96890

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.96891

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.04

Transaction ID : SB17.96878

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

388.00

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

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

PAGE 70 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

Date of Disbursement

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

City
FairfaxState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

343.42

Transaction ID : SB17.96893

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

Date of Disbursement

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

City
FairfaxState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
Payroll service

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.96896

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

Date of Disbursement

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

City
FairfaxState
VAZip Code
22031

FEC Identification Number

C

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

342.28

Transaction ID : SB17.97032

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

730.23

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

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

PAGE 71 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.97018

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

343.27

Transaction ID : SB17.97028

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.97029

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

432.33

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

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

PAGE 72 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
03	05	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1373.09

Transaction ID : SB17.98325

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
03	06	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

115.23

Transaction ID : SB17.98330

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	D D	Y Y Y Y
03	06	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98331

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

1532.85

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

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

PAGE 73 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98332

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98333

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.86

Transaction ID : SB17.98336

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

429.92

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

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

PAGE 74 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98337

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

339.24

Transaction ID : SB17.98343

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98344

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

428.30

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

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

PAGE 75 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

332.78

Transaction ID : SB17.98347

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex of New York, LLC

Mailing Address 3060 Williams Drive

City
FairfaxState
VAZip Code
22031Purpose of Disbursement
Payroll service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

44.53

Transaction ID : SB17.98348

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 1201 Third Avenue

City
SeattleState
WAZip Code
98101Purpose of Disbursement
Compliance advice

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

275.69

Transaction ID : SB17.96892

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

653.00

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

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

PAGE 76 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Perkins Coie

Mailing Address 1201 Third Avenue

City
SeattleState
WAZip Code
98101Purpose of Disbursement
Compliance advice

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

333.00

Transaction ID : SB17.97026

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 1201 Third Avenue

City
SeattleState
WAZip Code
98101Purpose of Disbursement
Compliance advice

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

275.00

Transaction ID : SB17.98342

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Professional Promotions

Mailing Address 751 Goodwin Street

City
East HartfordState
CTZip Code
06108Purpose of Disbursement
Campaign apparel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1028.54

Transaction ID : SB17.96894

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

1636.54

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

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

PAGE 77 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 521 Connecticut Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

City
East HartfordState
CTZip Code
06108

FEC Identification Number

C

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.98268

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 521 Connecticut Boulevard

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

City
East HartfordState
CTZip Code
06108

FEC Identification Number

C

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.70

Transaction ID : SB17.98269

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. The Hartford

Mailing Address Hartford Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2025

City
HartfordState
CTZip Code
06103

FEC Identification Number

C

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

95.94

Transaction ID : SB17.96889

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

136.34

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

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

PAGE 78 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. The Hartford

Mailing Address Hartford Plaza

City
HartfordState
CTZip Code
06103Purpose of Disbursement
Insurance

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.94

Transaction ID : SB17.97023

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Society Room by Riverhouse Catering

Mailing Address 31-45 Pratt Street

City
HartfordState
CTZip Code
06103Purpose of Disbursement
Deposit for event

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.96980

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Society Room by Riverhouse Catering

Mailing Address 31-45 Pratt Street

City
HartfordState
CTZip Code
06103Purpose of Disbursement
Catering

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3360.81

Transaction ID : SB17.98349

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

5456.75

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

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

PAGE 79 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United Parcel ServiceMailing Address 316 Pennsylvania Avenue, SE
Suite 300City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Facility fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

420.00

Transaction ID : SB17.96895

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. United States Treasury

Mailing Address P.O. Box 371493

City
PittsburghState
PAZip Code
15250Purpose of Disbursement
Taxes

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1980.00

Transaction ID : SB17.98345

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VFW

Mailing Address 2842 Main Street, #283

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Advertisement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.98329

☐ Memo Item

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

2650.00

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

80283.39

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

PAGE 80 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 114

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit card payment (see below) - officially connected

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4383.68

Transaction ID : SB21.96935

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Food and beverage

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

61.82

Transaction ID : SB21.96935.0

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Food and beverage

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

52.58

Transaction ID : SB21.96935.1

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

4383.68

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.12

Transaction ID : SB21.96935.2

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.39

Transaction ID : SB21.96935.3

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.67

Transaction ID : SB21.96935.4

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.80

Transaction ID : SB21.96935.5

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Max Fish

Mailing Address 140 Glastonbury Blvd.

Date of Disbursement

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

City
GlastonburyState
CTZip Code
06033

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

775.85

Transaction ID : SB21.96935.6

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.09

Transaction ID : SB21.96935.8

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.73

Transaction ID : SB21.96935.9

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMTRAK Charter Services

Mailing Address 30th Street Station

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	2	4

City
PhiladelphiaState
PAZip Code
19104

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

338.00

Transaction ID : SB21.96935.10

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. AMTRAK Charter Services

Mailing Address 30th Street Station

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	2	4

City
PhiladelphiaState
PAZip Code
19104

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

527.00

Transaction ID : SB21.96935.11

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMTRAK Charter Services

Mailing Address 30th Street Station

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	4

City
PhiladelphiaState
PAZip Code
19104

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

273.00

Transaction ID : SB21.96935.12

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.73

Transaction ID : SB21.96935.13

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.47

Transaction ID : SB21.96935.14

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 85 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

57.59

Transaction ID : SB21.96935.15

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.78

Transaction ID : SB21.96935.16

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

58.58

Transaction ID : SB21.96935.17

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 86 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

56.27

Transaction ID : SB21.96935.18

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMTRAK Charter Services

Mailing Address 30th Street Station

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2024

City
PhiladelphiaState
PAZip Code
19104

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

197.00

Transaction ID : SB21.96935.19

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.67

Transaction ID : SB21.96935.20

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 87 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.73

Transaction ID : SB21.96935.21

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

58.69

Transaction ID : SB21.96935.22

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

57.15

Transaction ID : SB21.96935.23

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 88 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.79

Transaction ID : SB21.96935.24

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Kimpton Eventi Hotel

Mailing Address 851 6th Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	2	4

City
New YorkState
NYZip Code
10001

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

576.11

Transaction ID : SB21.96935.26

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Kimpton Eventi Hotel

Mailing Address 851 6th Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	2	4

City
New YorkState
NYZip Code
10001

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

576.11

Transaction ID : SB21.96935.27

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 89 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMTRAK Charter Services

Mailing Address 30th Street Station

City
PhiladelphiaState
PAZip Code
19104Purpose of Disbursement
Travel

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

74.80

Transaction ID : SB21.96935.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimpton Eventi Hotel

Mailing Address 851 6th Avenue

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Travel

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6.53

Transaction ID : SB21.96935.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Food and beverage

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15.73

Transaction ID : SB21.96935.30

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.22

Transaction ID : SB21.96935.31

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

58.80

Transaction ID : SB21.96935.32

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1122.00

Transaction ID : SB21.96935.33

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 91 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

51.92

Transaction ID : SB21.96935.34

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food aand beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

59.79

Transaction ID : SB21.96935.35

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 114

Date of Disbursement

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

City
NewarkState
NJZip Code
07101

FEC Identification Number

C

Purpose of Disbursement
Credit card pyment - see below (officially connected)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

952.88

Transaction ID : SB21.97022

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

952.88

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

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

PAGE 92 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

31.81

Transaction ID : SB21.97022.0

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

52.69

Transaction ID : SB21.97022.1

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

46.32

Transaction ID : SB21.97022.2

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 93 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.11

Transaction ID : SB21.97022.3

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.48

Transaction ID : SB21.97022.4

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.16

Transaction ID : SB21.97022.5

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 94 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.94

Transaction ID : SB21.97022.6

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.49

Transaction ID : SB21.97022.7

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.49

Transaction ID : SB21.97022.8

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 95 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	4

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.70

Transaction ID : SB21.97022.9

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.48

Transaction ID : SB21.97022.10

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.49

Transaction ID : SB21.97022.11

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.24

Transaction ID : SB21.97022.12

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

111.10

Transaction ID : SB21.97022.13

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.06

Transaction ID : SB21.97022.14

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

0.00

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

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

PAGE 97 OF 118

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.18

Transaction ID : SB21.97022.15

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.48

Transaction ID : SB21.97022.16

☒ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

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

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.63

Transaction ID : SB21.97022.17

☒ Memo Item

Office Sought:

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

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.79

Transaction ID : SB21.97022.18

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.23

Transaction ID : SB21.97022.19

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.67

Transaction ID : SB21.97022.20

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

45.60

Transaction ID : SB21.97022.21

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.69

Transaction ID : SB21.97022.22

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.01

Transaction ID : SB21.97022.23

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.76

Transaction ID : SB21.97022.24

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.33

Transaction ID : SB21.97022.25

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.34

Transaction ID : SB21.97022.26

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

54.67

Transaction ID : SB21.97022.27

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

54.34

Transaction ID : SB21.97022.28

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

63.20

Transaction ID : SB21.97022.29

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 114

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit card payment - see below (officially connected)

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2134.34

Transaction ID : SB21.98335

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Food and beverage

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.70

Transaction ID : SB21.98335.0

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

City
ManchesterState
CTZip Code
06040Purpose of Disbursement
Food and beverage

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

61.55

Transaction ID : SB21.98335.1

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2134.34

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.93

Transaction ID : SB21.98335.2

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.01

Transaction ID : SB21.98335.3

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.93

Transaction ID : SB21.98335.4

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.08

Transaction ID : SB21.98335.5

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

80.08

Transaction ID : SB21.98335.6

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. National Democratic Club

Mailing Address 30 Ivy Street, SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
WashingtonState
DCZip Code
20003

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

205.44

Transaction ID : SB21.98335.7

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.33

Transaction ID : SB21.98335.8

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.70

Transaction ID : SB21.98335.9

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.16

Transaction ID : SB21.98335.10

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.97

Transaction ID : SB21.98335.11

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.63

Transaction ID : SB21.98335.12

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.94

Transaction ID : SB21.98335.13

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.16

Transaction ID : SB21.98335.15

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.18

Transaction ID : SB21.98335.16

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

CPurpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

61.82

Transaction ID : SB21.98335.17

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

54.89

Transaction ID : SB21.98335.18

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.66

Transaction ID : SB21.98335.19

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : SB21.98335.20

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.17

Transaction ID : SB21.98335.21

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.82

Transaction ID : SB21.98335.23

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food aand beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.34

Transaction ID : SB21.98335.24

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

53.34

Transaction ID : SB21.98335.25

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

17.22

Transaction ID : SB21.98335.26

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.36

Transaction ID : SB21.98335.27

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

52.58

Transaction ID : SB21.98335.28

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.35

Transaction ID : SB21.98335.29

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 185 Spencer Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	5

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.67

Transaction ID : SB21.98335.30

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 118

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Starbuck's

Mailing Address 185 Spencer Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2025

City
ManchesterState
CTZip Code
06040

FEC Identification Number

C

Purpose of Disbursement
Food and beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.65

Transaction ID : SB21.98335.31

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. CT WORKING FAMILIES FEDERAL PAC

Mailing Address 621 FARMINGTON AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2025

City
HARTFORDState
CTZip Code
06105

FEC Identification Number

C C00428649

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.96856

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

c. Updike, Kelly & Spellacy, P.C.

Mailing Address 225 Asylum Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2025

City
HartfordState
CTZip Code
06103

FEC Identification Number

C

Purpose of Disbursement
Legal fees - officially connected

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2110.00

Transaction ID : SB21.98339

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3110.00

TOTAL This Period (last page this line number only).....▶

10580.90

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 113 OF 118

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Epstein, Charles R., , ,

Nature of Debt (Purpose):

Reimbursement - Food and Beverage

Mailing Address 19 Crest Drive

City

Cromwell

State

CT

Zip Code

06416

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD9.48266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hartford Courant

Nature of Debt (Purpose):

Refund

Mailing Address 285 Broad Street

City

Hartford

State

CT

Zip Code

06051

Outstanding Balance Beginning This Period

899.99

Transaction ID : SD9.61715

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

899.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Luxenberg, Geoffrey R., , ,

Nature of Debt (Purpose):

Supplies

Mailing Address 45 Chatham Road

City

Manchester

State

CT

Zip Code

06042

Outstanding Balance Beginning This Period

156.32

Transaction ID : SD9.48276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.32

1) **SUBTOTALS** This Period This Page (optional)

1156.31

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 114 OF 118

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Patricelli, Robert E., , ,

Nature of Debt (Purpose):

Reimbursement - Food

Mailing Address 77 Hartford Road

City

Simsbury

State

CT

Zip Code

06070

Outstanding Balance Beginning This Period

524.48

Transaction ID : SD9.56160

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Suburban Liquor Shop

Nature of Debt (Purpose):

Beverages

Mailing Address 26 New Britain Avenue

City

Rocky Hill

State

CT

Zip Code

06067

Outstanding Balance Beginning This Period

208.83

Transaction ID : SD9.48270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

733.31

2) **TOTALS** This Period (last page this line number only) ▶

1889.62

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

1889.62

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 115 OF 118

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Advanced Network Strategies, LLC

Nature of Debt (Purpose):

Fund raising fees and expenses

Mailing Address 236 Massachusetts Avenue, N.E.

City

Washington

State

DC

Zip Code

22220

Outstanding Balance Beginning This Period

0.10

Transaction ID : SD10.64206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL EDUCATION

Nature of Debt (Purpose):

Contribution returned 7/14/2012

Mailing Address 555 NEW JERSEY AVENUE N W

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.49876

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Luxenberg, Geoffrey R., , ,

Nature of Debt (Purpose):

Reimbursement for food and beverage

Mailing Address 45 Chatham Road

City

Manchester

State

CT

Zip Code

06042

Outstanding Balance Beginning This Period

184.24

Transaction ID : SD10.67755

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

184.24

1) **SUBTOTALS** This Period This Page (optional)

2684.34

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 116 OF 118

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Perkins Coie

Nature of Debt (Purpose):

Compliance advice

Mailing Address 1201 Third Avenue

City

Seattle

State

WA

Zip Code

98101

Outstanding Balance Beginning This Period

630.00

Transaction ID : SD10.43734

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

630.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Restaurant Associates

Nature of Debt (Purpose):

Catering

Mailing Address P. O. Box 91337

City

Chicago

State

IL

Zip Code

60693

Outstanding Balance Beginning This Period

1785.09

Transaction ID : SD10.64965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1785.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steptoe & Johnson, LLP

Nature of Debt (Purpose):

Facility Fee

Mailing Address 1330 Connecticut Avenue, NW

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.37308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

1) **SUBTOTALS** This Period This Page (optional)

2465.09

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 117 OF 118

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Vinci Group

Nature of Debt (Purpose):

Fund raising

Mailing Address 24 Huntington Street

City

Manchester

State

CT

Zip Code

06040

Outstanding Balance Beginning This Period

349.72

Transaction ID : SD10.63468

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

349.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Vinci Group

Nature of Debt (Purpose):

Printing and postage

Mailing Address 24 Huntington Street

City

Manchester

State

CT

Zip Code

06040

Outstanding Balance Beginning This Period

0.20

Transaction ID : SD10.67470

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

U. S. Capitol Historical Society

Nature of Debt (Purpose):

Calendars

Mailing Address 200 Maryland Avenue, S.E.

City

Washington

State

DC

Zip Code

20002

Outstanding Balance Beginning This Period

6010.00

Transaction ID : SD10.61999

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6010.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6359.92

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 118 OF 118

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verizon Wireless

Nature of Debt (Purpose):

Cell phone service

Mailing Address 20 Alexander Drive

City

Wallingford

State

CT

Zip Code

06492

Outstanding Balance Beginning This Period

482.92

Transaction ID : SD10.42519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

482.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

482.92

2) **TOTALS** This Period (last page this line number only)

11992.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

11992.27