

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

Office Use Only

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

12FE4M5

Dream Defenders Fight PAC

ADDRESS (number and street)

4300 NW 12th Ave

Check if different
than previously
reported. (ACC)

Miami

FL

33127

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00728352

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Summers Polite, Nailah, , ,

Signature of Treasurer

Summers Polite, Nailah, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Dream Defenders Fight PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2026 To: M M / D D / Y Y Y Y Y 07 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		174406.01
(b) Cash on Hand at Beginning of Reporting Period.....	173992.76	
(c) Total Receipts (from Line 19)	65.13	155.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	174057.89	174561.14
7. Total Disbursements (from Line 31)	1423.18	1926.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	172634.71	172634.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4088.27	



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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Dream Defenders Fight PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07		01		2026

To:

M M	/	D D	/	Y Y Y Y
07		31		2026

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

0.00

0.00

(ii) Unitemized

65.00

155.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

65.00

155.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

65.00

155.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.13

0.13

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

65.13

155.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

65.13

155.13

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1091.58	1594.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1091.58	1594.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	331.60	331.60
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1423.18	1926.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1423.18	1926.43

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65.00	155.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65.00	155.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1091.58	1594.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.13	0.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1091.45	1594.70

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

PAGE 6 OF 10

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

Dream Defenders Fight PAC

Full Name (Last, First, Middle Initial)

A. Pocketbook Strategies

Mailing Address PO Box 741070

City
Los AngelesState
CAZip Code
90004-9070

Purpose of Disbursement

Compliance Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : 500010879**

Amount of Each Disbursement this Period

1025.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1025.00

1025.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 10

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Dream Defenders Fight PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dream Defenders, a Project of Tides Advocacy

Nature of Debt (Purpose):

Staff Time

Mailing Address 1012 Torney Ave

City

San Francisco

State

CA

Zip Code

94129-1704

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000070

Amount Incurred This Period

4088.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

4088.27

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)..... ►

4088.27

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

4088.27

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) ►

4088.27

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	8	OF	10
FOR LINE 24 OF FORM 3X			

NAME OF COMMITTEE (In Full) Dream Defenders Fight PAC		FEC IDENTIFICATION NUMBER ▼ C C00728352	
Check if ☐ 24-hour report ☐ 48-hour report		New report ☐ Amends report filed on / /	

Full Name of Payee Dream Defenders, a Project of Tides Advocacy *		☒ Memo Item	Date of Public Distribution/Dissemination / /	
Mailing Address 1012 Torney Ave			/ /	
City San Francisco	State CA	Zip Code 94129-1704	Amount 1139.23	
Purpose of Expenditure Estimated Cost for Staff Time		Category/ Type	Transaction ID : 500010883 Date of Disbursement or Obligation / /	
Name of Federal Candidate: Nixon, Angela, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		1470.83	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	

Full Name of Payee Dream Defenders, a Project of Tides Advocacy *		☒ Memo Item	Date of Public Distribution/Dissemination / /	
Mailing Address 1012 Torney Ave			/ /	
City San Francisco	State CA	Zip Code 94129-1704	Amount 761.75	
Purpose of Expenditure Estimated Cost for Staff Time		Category/ Type	Transaction ID : 500010884 Date of Disbursement or Obligation / /	
Name of Federal Candidate: Manley, Elijah, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 20 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		761.75	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Summers Polite, Nailah, , ,
Signature

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 10
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Dream Defenders Fight PAC	FEC IDENTIFICATION NUMBER ▼ C C00728352
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Dream Defenders, a Project of Tides Advocacy *			☒ Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2026	
Mailing Address 1012 Torney Ave			Amount 761.75 Transaction ID : 500010885 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
City San Francisco	State CA	Zip Code 94129-1704			
Purpose of Expenditure Estimated Cost for Staff Time		Category/Type 			
Name of Federal Candidate: Larkin, Oliver, Adams, ,			☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate	District: 25 State: FL
Calendar Year-To-Date Per Election for Office Sought 761.75			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		

Full Name of Payee Plenty Moore Designs, LLC			☐ Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 22 / 2026	
Mailing Address 5613 Hickson Rd			Amount 165.80 Transaction ID : 500010881 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 23 / 2026		
City Jacksonville	State FL	Zip Code 32207-5952			
Purpose of Expenditure Printing		Category/Type 			
Name of Federal Candidate: Nixon, Angela, , ,			☒ Support ☐ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: State: FL
Calendar Year-To-Date Per Election for Office Sought 1470.83			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	165.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Summers Polite, Nailah, , ,
Signature

Date M M / D D / Y Y Y Y Y Y
08 / 20 / 2026

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 10
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Dream Defenders Fight PAC			FEC IDENTIFICATION NUMBER ▼ C C00728352							
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y										
Full Name of Payee Plenty Moore Designs, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 23 / 2026							
Mailing Address 5613 Hickson Rd			Amount 165.80							
City Jacksonville	State FL	Zip Code 32207-5952	Transaction ID : 500010882 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 24 / 2026							
Purpose of Expenditure Printing			Category/ Type							
Name of Federal Candidate: Nixon, Angela, , ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President ☐ General State: <u>FL</u>							
Calendar Year-To-Date Per Election for Office Sought 1470.83			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____							
Full Name of Payee ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y							
Mailing Address			Amount 							
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y							
Purpose of Expenditure			Category/ Type							
Name of Federal Candidate:			☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: _____ ☐ President ☐ General State: _____							
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____							
<table style="width:100%;"><tr><td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td><td style="width:40%; text-align: right;"> 165.80 </td></tr><tr><td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td><td style="text-align: right;"> </td></tr><tr><td>(c) TOTAL Independent Expenditures</td><td style="text-align: right;"> 331.60 </td></tr></table>					(a) SUBTOTAL of Itemized Independent Expenditures	165.80	(b) SUBTOTAL of Unitemized Independent Expenditures.....		(c) TOTAL Independent Expenditures	331.60
(a) SUBTOTAL of Itemized Independent Expenditures	165.80									
(b) SUBTOTAL of Unitemized Independent Expenditures.....										
(c) TOTAL Independent Expenditures	331.60									
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.										
Signature Summers Polite, Nailah, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 20 / 2026							