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. 12FE4M5

JIM CARLIN FOR US SENATE

ADDRESS (number and street) ▼ 5728 SUNNYBROOK DR

Check if different than previously reported. (ACC)

SIOUX CITY | IA | 51106-4249 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00898148

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

STATE ▼ DISTRICT: IA 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [X] 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 07 / 01 / 2025 through 09 / 30 / 2025

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

Type or Print Name of Treasurer CARLIN, JAMES, , ,

Signature of Treasurer *CARLIN, JAMES, , ,* Date 10 / 15 / 2025

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

Office Use Only							

Image# 202510159790864091

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

JIM CARLIN FOR US SENATE

Report Covering the Period: From: 07 / 01 / 2025 To: 09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2655.00	22360.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2655.00	21960.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44326.22	167718.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	64.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	44326.22	167654.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1727.61	
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)	151971.46	

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

Image# 202510159790864092

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

JIM CARLIN FOR US SENATE

Report Covering the Period: From: 07/01/2025 To: 09/30/2025

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1600.00	18650.00
(ii) Unitemized	1055.00	3710.63
(iii) TOTAL of contributions from individuals ▶	2655.00	22360.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2655.00	22360.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	42836.71	151971.46
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	42836.71	151971.46
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	64.37
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.70	1.59
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	45492.41	174398.05

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	44326.22	167718.73
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	400.00
(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	400.00
21. OTHER DISBURSEMENTS	150.00	2580.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	44476.22	170698.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	711.42
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	45492.41
25. SUBTOTAL (add Line 23 and Line 24)	46203.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	44476.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1727.61

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
BOGGS, JASON, , ,
Mailing Address PO BOX 575
City: PRAIRIE CITY | State: IA | Zip Code: 50228-0575
FEC ID number of contributing federal political committee: C
Name of Employer: SELF
Occupation: SALES
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : A2C31EBDBF96847E3B61
Amount of Each Receipt this Period: 500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
COPARANIS, DALE, , ,
Mailing Address 2001 OKLAHOMA AVE
City: DAVENPORT | State: IA | Zip Code: 52804-4618
FEC ID number of contributing federal political committee: C
Name of Employer: INFORMATION REQUESTED
Occupation: INFORMATION REQUESTED
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 22 / 2025
Transaction ID : A8AD8D033EE8C45E58E6
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
GRECO, LANCE, , ,
Mailing Address 257 23RD STREET DR SE
City: CEDAR RAPIDS | State: IA | Zip Code: 52403-1617
FEC ID number of contributing federal political committee: C
Name of Employer: INFORMATION REQUESTED
Occupation: INFORMATION REQUESTED
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 350.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : A0BF7F32E9DF34D059A5
Amount of Each Receipt this Period: 350.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

Image# 202510159790864095

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
HALBE, MICHAEL, , ,
Mailing Address 2506 RANCHWOOD CIR SE
City: ALEXANDRIA | State: MN | Zip Code: 56308-9269
FEC ID number of contributing federal political committee: C
Name of Employer: INFORMATION REQUESTED
Occupation: INFORMATION REQUESTED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 25 / 2025
Transaction ID : A3019D367C5C64EBE9D9
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
TASS, CRISTY, , ,
Mailing Address 14036 210TH ST
City: MASON CITY | State: IA | Zip Code: 50401-9023
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: RETIRED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : A53536B1ABA6D4D4D9D3
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 1600.00

Image# 202510159790864096

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 111491.46

Date of Receipt: 07 / 01 / 2025
Transaction ID : AC66A954A87004E4C92D
Amount of Each Receipt this Period: 2356.71
☐ Memo Item
CANDIDATE LOAN

B.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 112091.46

Date of Receipt: 07 / 03 / 2025
Transaction ID : A804DD973AA4E48869A8
Amount of Each Receipt this Period: 300.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 112091.46

Date of Receipt: 07 / 03 / 2025
Transaction ID : AE2294C72ACF34DBEB53
Amount of Each Receipt this Period: 300.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 2956.71

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 114591.46

Date of Receipt: 07 / 10 / 2025
Transaction ID : A6C43EEABCCFE4CEF8EA
Amount of Each Receipt this Period: 2500.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 114891.46

Date of Receipt: 07 / 11 / 2025
Transaction ID : A87767154C56742BDAE0
Amount of Each Receipt this Period: 300.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 119926.46

Date of Receipt: 07 / 14 / 2025
Transaction ID : A0936BE661C0A4CE09AA
Amount of Each Receipt this Period: 125.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 2925.00

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial): CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 119926.46

Date of Receipt: 07 / 14 / 2025
Transaction ID : A98264454B9704961AF2
Amount of Each Receipt this Period: 4910.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial): CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 126926.46

Date of Receipt: 07 / 24 / 2025
Transaction ID : A89662E3E67134372BFE
Amount of Each Receipt this Period: 7000.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial): CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 133926.46

Date of Receipt: 07 / 28 / 2025
Transaction ID : A7098BC5A7322472B9FF
Amount of Each Receipt this Period: 7000.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 18910.00

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 134926.46

Date of Receipt: 08 / 15 / 2025
Transaction ID : A9875599B3CC84E90913
Amount of Each Receipt this Period: 1000.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 139926.46

Date of Receipt: 08 / 22 / 2025
Transaction ID : AD34E2BFC67934006B96
Amount of Each Receipt this Period: 5000.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 140051.46

Date of Receipt: 08 / 28 / 2025
Transaction ID : A73F1DF98906E4D75B02
Amount of Each Receipt this Period: 125.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 6125.00

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)
☐ 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)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 141251.46

Date of Receipt: 09 / 02 / 2025
Transaction ID : ACDEBB11F7B9240FFB27
Amount of Each Receipt this Period: 1200.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 142851.46

Date of Receipt: 09 / 05 / 2025
Transaction ID : A33E5528890CF46C88CD
Amount of Each Receipt this Period: 1600.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 144851.46

Date of Receipt: 09 / 09 / 2025
Transaction ID : A55D854CB484C45789CA
Amount of Each Receipt this Period: 2000.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 4800.00

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 148351.46

Date of Receipt: 09 / 10 / 2025
Transaction ID : A4281245090B74515ABD
Amount of Each Receipt this Period: 3500.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 149851.46

Date of Receipt: 09 / 12 / 2025
Transaction ID : A2E61A91E6F5F45C3BA5
Amount of Each Receipt this Period: 1500.00
☐ Memo Item
LOAN FROM CANDIDATE

C.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 150151.46

Date of Receipt: 09 / 22 / 2025
Transaction ID : AEDE1697EB4824343B5E
Amount of Each Receipt this Period: 300.00
☐ Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,
Mailing Address 602 JACE ROAD
City: SERGEANT BLUFF | State: IA | Zip Code: 51054-8804
FEC ID number of contributing federal political committee: C S6IA00249
Name of Employer: SELF
Occupation: CANDIDATE
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 151971.46

Date of Receipt: 09 / 29 / 2025
Transaction ID : A7C9D1B1FF2424A19B44
Amount of Each Receipt this Period: 1820.00
☐ Memo Item
LOAN FROM CANDIDATE

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1820.00

TOTAL This Period (last page this line number only) ▶ 42836.71

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
1776 LAW CENTER
Mailing Address PO BOX 1505
City: HIXSON | State: TN | Zip Code: 37343-5505
Purpose of Disbursement: LEGAL CONSULTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 06 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1083.11
Transaction ID : B83B35BEF5784483EB4B
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
AMAZON
Mailing Address 440 TERRY AVE N
City: SEATTLE | State: WA | Zip Code: 98109-5210
Purpose of Disbursement: OFFICE SUPPLIES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 20.32
Transaction ID : BFC01A62BC59A4668A20
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
AMAZON
Mailing Address 440 TERRY AVE N
City: SEATTLE | State: WA | Zip Code: 98109-5210
Purpose of Disbursement: OFFICE SUPPLIES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 12.83
Transaction ID : B5C372957478C470A800
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1116.26

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
BAILEYS.COM
Mailing Address 801 MAIN AVE
City: NORWALK | State: CT | Zip Code: 06851-1127
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 14 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 118.24
Transaction ID : BCE3AF4AC59A74270A94
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BAILEYS.COM
Mailing Address 801 MAIN AVE
City: NORWALK | State: CT | Zip Code: 06851-1127
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 118.24
Transaction ID : B82C9317536C2462D8EC
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
BAILEYS.COM
Mailing Address 801 MAIN AVE
City: NORWALK | State: CT | Zip Code: 06851-1127
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 118.24
Transaction ID : BDD1C85E9BFA94BBF87B
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 354.72

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
BIG RED PALOOZA

Mailing Address 1006 CHESTNUT ST

City: OSAGE | State: IA | Zip Code: 50461-1610

Purpose of Disbursement: FUNDRAISING EVENT FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : BF87A237048684057BB8

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
CITY OF IOWA

Mailing Address 410 E WASHINGTON ST

City: IOWA CITY | State: IA | Zip Code: 52240-1825

Purpose of Disbursement: TRAVEL

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : B5190245D02F74970835

☐ Memo Item

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

Mailing Address 1805 HARDING CT

City: BETTENDORF | State: IA | Zip Code: 52722-3930

Purpose of Disbursement: PRINTING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1904.81

Transaction ID : BB1CF08906377480DBD6

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2554.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
DYNES DESIGN
Mailing Address 1805 HARDING CT
City: BETTENDORF | State: IA | Zip Code: 52722-3930
Purpose of Disbursement: PRINTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1632.38
Transaction ID : B52311CE76B6845A0ACF
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
EVENTBRITE
Mailing Address 95 3RD ST
City: SAN FRANCISCO | State: CA | Zip Code: 94103-3103
Purpose of Disbursement: FUNDRAISING EVENT FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 325.65
Transaction ID : BC4E038E3C5A348C7A89
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
EVENTBRITE
Mailing Address 95 3RD ST
City: SAN FRANCISCO | State: CA | Zip Code: 94103-3103
Purpose of Disbursement: FUNDRAISING EVENT FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 24 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 108.55
Transaction ID : BF514AC9AF96D483FA32
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2066.58

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

Image# 202510159790864107

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
FLEET FARM
Mailing Address 2401 S MEMORIAL DR
City: APPLETON | State: WI | Zip Code: 54915-1429
Purpose of Disbursement: TRAVEL
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 28 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 51.54
Transaction ID : BF432FAE0AB054FC4B20
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
FLEET FARM
Mailing Address 2401 S MEMORIAL DR
City: APPLETON | State: WI | Zip Code: 54915-1429
Purpose of Disbursement: TRAVEL
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 12 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 49.11
Transaction ID : BE05C45242F3D466E94D
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
FLEET FARM
Mailing Address 2401 S MEMORIAL DR
City: APPLETON | State: WI | Zip Code: 54915-1429
Purpose of Disbursement: TRAVEL
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 26 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 56.01
Transaction ID : B818184D9886C40EA8F2
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 156.66

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
HAMPTON INNS

Mailing Address 7930 JONES BRANCH DR

City: MCLEAN | State: VA | Zip Code: 22102-3388

Purpose of Disbursement: LODGING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 44.80

Transaction ID : B7ACE55D09468499DACD

☐ Memo Item

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

Mailing Address 44970 FALCON PL STE 400

City: STERLING | State: VA | Zip Code: 20166-9568

Purpose of Disbursement: PRINTING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : B0138752ADA4140A3814

☐ Memo Item

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

Mailing Address 7930 JONES BRANCH DR

City: MCLEAN | State: VA | Zip Code: 22102-3388

Purpose of Disbursement: LODGING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 256.48

Transaction ID : BC00B01EC8074458B9C4

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1801.28

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
HILTON HOTELS
Mailing Address 7930 JONES BRANCH DR
City: MCLEAN | State: VA | Zip Code: 22102-3388
Purpose of Disbursement: LODGING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 14 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1.00
Transaction ID : BF434702266BE440A872
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
HILTON HOTELS
Mailing Address 7930 JONES BRANCH DR
City: MCLEAN | State: VA | Zip Code: 22102-3388
Purpose of Disbursement: LODGING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 76.80
Transaction ID : B555A31D88EF946339AC
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
HUGEDOMAINS
Mailing Address 1225 N POST OAK RD STE 100
City: HOUSTON | State: TX | Zip Code: 77055-7213
Purpose of Disbursement: WEBSITE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 01 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 995.00
Transaction ID : BC835802FFFC14970AF5
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1072.80

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

Image# 202510159790864110

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 02 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 10.05
Transaction ID : B4E2B6EDF9A5E40E28F0
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 15.38
Transaction ID : B399FAD715C774F40836
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 21 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 11.05
Transaction ID : B0C594CF8FC7C411683D
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 36.48

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

Image# 202510159790864111

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 21 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 20.59
Transaction ID : B244F3F511D4C4A2DBF8
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 12.61
Transaction ID : B894F8BB6F53B4EFF901
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 23 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 9.05
Transaction ID : B34138780A4BE489C828
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 42.25

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

Image# 202510159790864112

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 21.84
Transaction ID : BD63F506F8B194434A0F
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 11.95
Transaction ID : B7B409E67B34244CAB51
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 5.72
Transaction ID : B4048C127C6B3498482D
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 39.51

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

Image# 202510159790864113

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 18 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 3.28
Transaction ID : B4A095AF52A934417982
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 35.00
Transaction ID : B3E4085593E094417B3E
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
HY-VEE
Mailing Address 5820 WESTOWN PKWY
City: WEST DES MOINES | State: IA | Zip Code: 50266-8223
Purpose of Disbursement: FOOD AND BEVERAGE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 09 / 10 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 32.75
Transaction ID : BE2ED5F159D2044DAA27
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 71.03

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

Image# 202510159790864114

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
HY-VEE

Mailing Address 5820 WESTOWN PKWY

City: WEST DES MOINES | State: IA | Zip Code: 50266-8223

Purpose of Disbursement: FOOD AND BEVERAGE

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 7.40

Transaction ID : B3E4CD8775AF447CCB9A

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HY-VEE

Mailing Address 5820 WESTOWN PKWY

City: WEST DES MOINES | State: IA | Zip Code: 50266-8223

Purpose of Disbursement: FOOD AND BEVERAGE

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.17

Transaction ID : B3B934ADBD63545D0BEF

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
HY-VEE

Mailing Address 5820 WESTOWN PKWY

City: WEST DES MOINES | State: IA | Zip Code: 50266-8223

Purpose of Disbursement: FOOD AND BEVERAGE

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.99

Transaction ID : BB11A744B0059439DB08

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 21.56

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 02 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 109.00
Transaction ID : BA597ACF5B859437AAD5
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 468.23
Transaction ID : BFDF4A9E156414F0B933
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : B3050EBDC4AF7467AB51
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1593.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : BCA8470F37ED847C4BB8
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : B0ED96E661FFF4674B3A
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 468.23
Transaction ID : B5A2671A9ED624F759F8
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 726.81

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

Image# 202510159790864117

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : B3695A54C566241F2A37

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : B7312812D26BF4CACB16

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 193.94

Transaction ID : B64706C8EE5A04715BDE

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2225.66

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

Image# 202510159790864118

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 478.93

Transaction ID : B61E2775E19AF46C186C

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 468.23

Transaction ID : B9540CAE5F4E14B4FA8A

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 129.29

Transaction ID : BFCF9E3864CD445F795F

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1076.45

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

Image# 202510159790864119

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : BBA599D367B8841C4B30

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : BB8CED4A1BAF54987AFA

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 129.29

Transaction ID : BBA953E19B14E488E80F

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2161.01

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

Image# 202510159790864120

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 468.23

Transaction ID : B774A9C14BCB7449AB2A

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 109.00

Transaction ID : BBC4CA35C310D48F3AE0

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 468.23

Transaction ID : B657E2238B6244ED897B

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1045.46

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : BDFB0F7DEA60F43B1900
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : BD494113216B143F4AF6
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : B23F471ECA49A49DDA15
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1274.44

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 468.23
Transaction ID : BFCCF00EBB64445A89CF
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : B637791C716DE46A1AC4
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : BEF4D4886C18E4EBBAEB
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1613.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 468.23
Transaction ID : BD2C36DD8F13A45939C6
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : B5E4920FD1B264CCAAE1
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : B6DE63049BFAF4BEE99F
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2499.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 473.59
Transaction ID : B5526C716075A48D28DC
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 161.61
Transaction ID : B84973DC9DC534BA1B8A
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 113.00
Transaction ID : BEDCEC42445614D16A1C
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 748.20

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

Image# 202510159790864125

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 834.77
Transaction ID : BDECA3997C52D496F86E
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : BDFCAAAFE557A4203B87
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 358.54
Transaction ID : B6B09CAD82A52437180B
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1322.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : B68C063665F7949959F8

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 129.29

Transaction ID : B8AB101982F1B4AEFBE2

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 468.23

Transaction ID : B51933C96582C4CC68BB

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1613.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL WAGES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.86
Transaction ID : BA6131D0DD13D4D5795D
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 129.29
Transaction ID : B949DC3F5C6A64139A3C
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
INTUIT
Mailing Address 2700 COAST AVE
City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140
Purpose of Disbursement: PAYROLL TAXES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 468.23
Transaction ID : BC61A212065BE450DB34
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1613.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
INTUIT

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL WAGES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : B6842D3E2C12C4B7AA83

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL TAXES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 462.87

Transaction ID : B2607D5360B1C42D5ACF

☐ Memo Item

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

Mailing Address 2700 COAST AVE

City: MOUNTAIN VIEW | State: CA | Zip Code: 94043-1140

Purpose of Disbursement: PAYROLL FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 96.97

Transaction ID : BD6E42BDF4AFC4D07B56

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1575.70

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

Image# 202510159790864129

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
J53 PRODUCTIONS

Mailing Address 3425 E LOCUST ST
STE 201

City: DAVENPORT | State: IA | Zip Code: 52803-3573

Purpose of Disbursement: VIDEO PRODUCTION

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1308.00

Transaction ID : B42100E661F7D40D98DA

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
JUDGE PUBLIC RELATIONS

Mailing Address PO BOX 2336

City: DADE CITY | State: FL | Zip Code: 33526-2336

Purpose of Disbursement: CAMPAIGN CONSULTING

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : BACD0626327694F1A919

☐ Memo Item

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

Mailing Address 1626 OAK ST

City: LA CROSSE | State: WI | Zip Code: 54603-2308

Purpose of Disbursement: TRAVEL

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 25.97

Transaction ID : B7721191E665C4937870

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4833.97

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

Image# 202510159790864130

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
KWIK STAR
Mailing Address 1626 OAK ST
City: LA CROSSE | State: WI | Zip Code: 54603-2308
Purpose of Disbursement: TRAVEL
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 28 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 64.46
Transaction ID : BECA4652F0CC14EDD97C
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MIDWEST WEB GURU
Mailing Address 3611 FAST LN
City: CEDAR FALLS | State: IA | Zip Code: 50613-2125
Purpose of Disbursement: WEBSITE
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 3040.00
Transaction ID : BE7DE8CEED544466FB26
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MULDER, NANCY, , ,
Mailing Address 5728 SUNNYBROOK DR
City: SIOUX CITY | State: IA | Zip Code: 51106-4249
Purpose of Disbursement: PRINTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 25 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1600.00
Transaction ID : BC7AF85254B034DD7835
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4704.46

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

Image# 202510159790864131

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.89

Transaction ID : B4896A1E591244566AC3

☐ Memo Item

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

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.28

Transaction ID : B9B0F188FDBC94193A41

☐ Memo Item

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

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 365.00

Transaction ID : BA25501E8DEB34618BD3

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 382.17

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A.
Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 10.05
Transaction ID : BB293F34006004A7E890
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 17 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 10.05
Transaction ID : BF8B79B2C519C46D0B8D
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 30.48
Transaction ID : B87F571E8A2034D5191E
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 50.58

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 07 / 25 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 13.95
Transaction ID : B82866F8AD8EC4861921
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1.28
Transaction ID : BF3A977C830324901BEB
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 14 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 365.00
Transaction ID : BBAC63DCCC78F4979B73
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 380.23

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

Image# 202510159790864134

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
PAGE 45 OF 98

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.28

Transaction ID : B1C1CFF19DD20409A833

☐ Memo Item

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

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.20

Transaction ID : B3459DF69CEC043608E7

☐ Memo Item

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

Mailing Address 1209 N ORANGE ST

City: WILMINGTON | State: DE | Zip Code: 19801-1120

Purpose of Disbursement: CREDIT CARD FEES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 08 / 27 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.05

Transaction ID : BC432BF54F03A4D378E9

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 15.53

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

Image# 202510159790864135

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 03 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 4.20
Transaction ID : B3CF4417CB14B409C928
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1.28
Transaction ID : BB912E1EB07114BC891E
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 05 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 5.48
Transaction ID : B8FE4B36E62E84AAA880
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10.96

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

Image# 202510159790864136

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
NATIONBUILDER
Mailing Address 1209 N ORANGE ST
City: WILMINGTON | State: DE | Zip Code: 19801-1120
Purpose of Disbursement: CREDIT CARD FEES
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 24 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1.28
Transaction ID : BCE4AE0549B124C34A1D
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
PEOPLEFINDER
Mailing Address 1915 21ST ST
City: SACRAMENTO | State: CA | Zip Code: 95811-6813
Purpose of Disbursement: OFFICE SUBSCRIPTION
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 02 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 119.95
Transaction ID : BF2CF99590A1A493E88D
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
RED'S PRINTING
Mailing Address 410 5TH AVE SW
City: LE MARS | State: IA | Zip Code: 51031-1921
Purpose of Disbursement: PRINTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 02 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 770.99
Transaction ID : B167DD0B8F2634B429F0
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 892.22

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

Image# 202510159790864137

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
THE IOWA STANDARD

Mailing Address PO BOX 112

City: SIOUX CENTER | State: IA | Zip Code: 51250-0112

Purpose of Disbursement: PRINT ADS

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : B5A3E9104763843C7893

☐ Memo Item

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

Mailing Address 475 LENFANT PLZ SW

City: WASHINGTON | State: DC | Zip Code: 20260-0001

Purpose of Disbursement: SHIPPING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 111.70

Transaction ID : B73B912E137E24D65944

☐ Memo Item

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

Mailing Address 475 LENFANT PLZ SW

City: WASHINGTON | State: DC | Zip Code: 20260-0001

Purpose of Disbursement: SHIPPING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 52.65

Transaction ID : B985A1C5996C74229B28

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 564.35

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

Image# 202510159790864138

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
USPS

Mailing Address 475 LENFANT PLZ SW

City: WASHINGTON | State: DC | Zip Code: 20260-0001

Purpose of Disbursement: SHIPPING

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 130.95

Transaction ID : BE447F2B891754650A65

☐ Memo Item

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

Mailing Address 702 SW 8TH ST

City: BENTONVILLE | State: AR | Zip Code: 72716-6209

Purpose of Disbursement: OFFICE SUPPLIES

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 07 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 38.50

Transaction ID : B892FB20BABAB4952944

☐ Memo Item

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

Mailing Address 651 N BROAD ST
STE 206

City: MIDDLETOWN | State: DE | Zip Code: 19709-6402

Purpose of Disbursement: OFFICE SUBSCRIPTION

Category/Type: 001

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 09 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 183.95

Transaction ID : B63AC8140391A4A659AC

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 353.40

TOTAL This Period (last page this line number only) ▶ 42611.32

Image# 202510159790864139

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C6EF9CB30FA6843E8990

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/18/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 400.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864140

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C55D854CB484C45789CA

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/09/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864141

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CF42215AFC43F43E0BAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/12/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 3000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864142

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C042CCDFC208B48B299D

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/27/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864143

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CC66A954A87004E4C92D

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Election: 2026
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2356.71	0.00	2356.71

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/01/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2356.71
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864144

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CCDEBB11F7B9240FFB27

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/02/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1200.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864145

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C89662E3E67134372BFE

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/24/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864146

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CD34E2BFC67934006B96

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/22/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864147

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CB5F303FB01014A93B21

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22000.00	0.00	22000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/03/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 22000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864148

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C6C43EEABCCFE4CEF8EA

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/10/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864149

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CEB34E412F2D2494BBBC

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/21/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864150

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C0936BE661C0A4CE09AA

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125.00	0.00	125.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/14/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 125.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864151

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C518E4F9BE26E4F5FAB1

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3695.00	0.00	3695.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/27/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3695.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864152

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C7098BC5A7322472B9FF

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/28/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864153

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C4281245090B74515ABD

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/10/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864154

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C73F1DF98906E4D75B02

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125.00	0.00	125.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/28/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	125.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864155

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C56A68314102E424E81F

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/15/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864156

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CDE78CA23D5904A6599D

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/23/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864157

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CBA4005D11C6E4052872

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5521.75	0.00	5521.75

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/16/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5521.75

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864158

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CC2FB74FA3EB14FABBCF

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/03/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CE79602DFBE844EBA985

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/25/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864160

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C2BFAA98E6C5A456A84C

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/10/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864161

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C2E61A91E6F5F45C3BA5

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/12/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864162

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C9550677949FB400EB61

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2600.00	0.00	2600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/29/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2600.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864163

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C3A15995CCE19408D98D

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1100.00	0.00	1100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/23/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1100.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864164

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C7C9D1B1FF2424A19B44

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1820.00	0.00	1820.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/29/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1820.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864165

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CFFCDA7A93E344975A4E

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/09/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 3500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864166

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Transaction ID : CABC8744E0A404C219D7

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CARLIN, JAMES, , ,

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/03/2025	NONE	% (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 3500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864167

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C33E5528890CF46C88CD

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/05/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1600.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C87767154C56742BDAE0

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/11/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864169

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C57F64E07DA7247CC83F

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1700.00	0.00	1700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/23/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1700.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864170

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CB743802B6B7F4298BD5

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/25/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864171

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C59BD83A0934141D0A78

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6600.00	0.00	6600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/13/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	6600.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864172

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C6131DD3B772F40698A1

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/30/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864173

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CBF5C86508763434CA8B

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/13/2024	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864174

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C88A15D03423A43F4AFE

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/28/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	3000.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C3E5034AFAEE545E6861

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/28/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1500.00
TOTALS This Period (last page in this line only) ▶	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CEDE1697EB4824343B5E

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/22/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 300.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864177

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C804DD973AA4E48869A8

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/03/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 300.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864178

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CA30F3866133F4CA686C

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/24/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864179

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C3E5F0D7A3A5247318C4

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/06/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 600.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864180

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C7AC170CCB815433BA35

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/29/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 11000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864181

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C1500D638231E4A22A37

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9875.00	0.00	9875.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/02/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	9875.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864182

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CD3EC7625DB124DF2B1E

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

☐ Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1180.00	0.00	1180.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/13/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1180.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C9B719A3D700945C1801

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1363.00	0.00	1363.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/15/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1363.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202510159790864184

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C9875599B3CC84E90913

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/15/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864185

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C0F2859822B22408F9C4

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/11/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864186

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : CE2294C72ACF34DBEB53

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

- [ ] Memo Item

Mailing Address
602 JACE ROAD

City	State	ZIP Code
SERGEANT BLUFF	IA	51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/03/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202510159790864187

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Transaction ID : C98264454B9704961AF2

LOAN SOURCE Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

[ ] Memo Item

Mailing Address
602 JACE ROAD

City: SERGEANT BLUFF | State: IA | ZIP Code: 51054-8804

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4910.00	0.00	4910.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/14/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	4910.00
TOTALS This Period (last page in this line only) ▶	151971.46

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