

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CATALINA LAUF VICTORY FUND

ADDRESS (number and street) 502 6TH ST HUDSON WI 54016-1783

2. FEC IDENTIFICATION NUMBER C00927889 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2026 through 03 / 31 / 2026

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 DATWYLER, THOMAS, , ,

Signature of Treasurer DATWYLER, THOMAS, , , Date 04 / 03 / 2026

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CATALINA LAUF VICTORY FUND

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

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2026 (0.00); (b) Cash on Hand at Beginning of Reporting Period (0.00); (c) Total Receipts (from Line 19) (43300.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (43300.00); 7. Total Disbursements (from Line 31) (42100.90); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1199.10); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CATALINA LAUF VICTORY FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43300.00	43300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	43300.00	43300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	43300.00	43300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	43300.00	43300.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	43300.00	43300.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2807.40	2807.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2807.40	2807.40
22. Transfers to Affiliated/Other Party Committees.....	39293.50	39293.50
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42100.90	42100.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42100.90	42100.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43300.00	43300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43300.00	43300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2807.40	2807.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2807.40	2807.40

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

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

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

NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. BELL, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6611 BEVERLY AVE
 City MC LEAN State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOGAN LOVELLS Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2026
Transaction ID : AF5315684F3104E2DAF6
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. BOOK, NEIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 W WALTON ST
 City CHICAGO State IL Zip Code 60610-7330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 14000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2026
Transaction ID : AE2F8DDA3344E48CB82A
 Amount of Each Receipt this Period
 14000.00
 Memo Item

C. COLEMAN, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 CLARENDON BLVD W-505
 City ARLINGTON State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOGAN LOVELLS US LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : ACA04EF7538FE4E86B6B
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. FISHMAN, JORDAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4430 S BAY DRIVE
 City ORCHARD LAKE State MI Zip Code 48323-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2026
Transaction ID : A4CD7F63F153A4E1482F
 Amount of Each Receipt this Period 250.00
 Memo Item

B. GARDNER, GRANT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 GLENROSE STREET
 City KENSINGTON State MD Zip Code 20895-3716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMD Occupation (for Individual) GOVERNMENT RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2026
Transaction ID : AF6F23DFB5BFB4D458D2
 Amount of Each Receipt this Period 300.00
 Memo Item

C. GERCHEN, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 RUM ROW
 City NAPLES State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERCHEN CAPITAL PARTNERS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt 03 / 23 / 2026
Transaction ID : A59672DF9F08E4768A5E
 Amount of Each Receipt this Period 7000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. GREGORY, CYBIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **CYBIL.ROEHRENBECK@GMAIL.COM**
 City **WASHINGTON** State **DC** Zip Code **20007**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOGAN LOVELLS** Occupation (for Individual) **LAWYER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 24 / 2026**
Transaction ID : A40A07C8FC358427CB35
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. HEARD, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **1822 STINSON CREEK RD**
 City **COLUMBUS** State **MS** Zip Code **39705**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **KEY IMPACT STRATEGIES** Occupation (for Individual) **OWNER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 25 / 2026**
Transaction ID : A46A4A9F459464B9AB1D
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. LAI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **2831 SOUTH BAYSHORE DRIVE
UNIT 1202**
 City **MIAMI** State **FL** Zip Code **33133**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **BGR GROUP** Occupation (for Individual) **PRINCIPAL, GOVERNMENT AFFAIRS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt **03 / 24 / 2026**
Transaction ID : AAE907471D5AC4898B13
 Amount of Each Receipt this Period **3500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. MABRY, TY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5802 7TH ST NW
 City WASHINGTON State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CR FEDERAL Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2026
Transaction ID : A32BB0397AF654093A5E
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. PALMER, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1270 GALLEON DR
 City NAPLES State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : A14744743E33941F1872
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. PIZZA, JOSEPH M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 ROUTE 17 NORTH SUITE115
 City PARAMUS State NJ Zip Code 07652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHARMASPHERE Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2026
Transaction ID : AAEF2C91138EB447988A
 Amount of Each Receipt this Period
 3500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. RATHBURN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6039 21ST ST N
 City ARLINGTON State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOGAN LOVELLS, US LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 24 / 2026
Transaction ID : AC3028656AB2245EBBCA
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. RICHARDS, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1918 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JONES WALKER Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2026
Transaction ID : A30C0C2140BA3413F9DB
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SPIVEY, HOME, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 ARGYLE DRIVE
 City ALEXANDRIA State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALPINE GROUP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2026
Transaction ID : A6185905192D24A2B957
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. TODD, WILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2114 BELLE HAVEN RD
 City ALEXANDRIA State VA Zip Code 22307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ICEBREAKER Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 24 / 2026
Transaction ID : A7CB492D7EB004A69AB5
 Amount of Each Receipt this Period 3500.00
 Memo Item

B. URBAN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14580 OCEAN BLUFF DR
 City FORT MYERS State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BGR GROUP Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 24 / 2026
Transaction ID : AA866BA8F3BD9449B9C8
 Amount of Each Receipt this Period 3500.00
 Memo Item

C. WILLIAMSON, TUCKER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 632 D ST NE
 City WASHINGTON State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOGAN LOVELLS US LLP Occupation (for Individual) POLICY ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2026
Transaction ID : AC427E082212A468295D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7250.00
TOTAL This Period (last page this line number only).....	43300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CATALINA LAUF VICTORY FUND

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 3723 GREENVILLE AVE
STE 41002

City
DALLAS

State
TX

Zip Code
75206-5311

Purpose of Disbursement
CREDIT CARD FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B8828448EBI

Amount of Each Disbursement this Period

[REDACTED]	560.30
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 3723 GREENVILLE AVE
STE 41002

City
DALLAS

State
TX

Zip Code
75206-5311

Purpose of Disbursement
CREDIT CARD FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B0A4CDE9A9

Amount of Each Disbursement this Period

[REDACTED]	140.30
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 3723 GREENVILLE AVE
STE 41002

City
DALLAS

State
TX

Zip Code
75206-5311

Purpose of Disbursement
CREDIT CARD FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B5D8A6AB4

Amount of Each Disbursement this Period

[REDACTED]	42.90
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Memo Item

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

[REDACTED]	743.50
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 3723 GREENVILLE AVE
STE 41002

City DALLAS State TX Zip Code 75206-5311

Purpose of Disbursement CREDIT CARD FEES
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
03 / 25 / 2026

FEC Identification Number
C
Transaction ID : B6FACB4FB4
Amount of Each Disbursement this Period
943.00

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 3723 GREENVILLE AVE
STE 41002

City DALLAS State TX Zip Code 75206-5311

Purpose of Disbursement CREDIT CARD FEES
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
03 / 31 / 2026

FEC Identification Number
C
Transaction ID : B55B2940435
Amount of Each Disbursement this Period
50.90

Memo Item

C. SAME DAY PROCESSING

Full Name (Last, First, Middle Initial)

Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement ACCOUNTING CONSULTING
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
02 / 11 / 2026

FEC Identification Number
C
Transaction ID : BC4C58AEB
Amount of Each Disbursement this Period
555.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1548.90

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CATALINA LAUF VICTORY FUND

Full Name (Last, First, Middle Initial)

A. SAME DAY PROCESSING

Mailing Address 502 6TH ST

City
HUDSON

State
WI

Zip Code
54016-1783

Purpose of Disbursement
ACCOUNTING CONSULTING

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2026

FEC Identification Number

C [REDACTED]

Transaction ID : BB2E633EA5

Amount of Each Disbursement this Period

265.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address 502 6TH ST

City
HUDSON

State
WI

Zip Code
54016-1783

Purpose of Disbursement
ACCOUNTING CONSULTING

001

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2026

FEC Identification Number

C [REDACTED]

Transaction ID : B8C56A7A30:

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

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Memo Item

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

515.00

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

2807.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CATALINA LAUF VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CATALINA LAUF FOR CONGRESS

Mailing Address PO BOX 366247

City: BONITA SPRINGS, State: FL, Zip Code: 34136-6247

Purpose of Disbursement: TRANSFER TO AFFILIATED COMMITTEE, Category/Type: 008

Candidate Name: LAUF, CATALINA, , , Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) State: FL, District: 19

Date of Disbursement: 02 / 11 / 2026

FEC Identification Number: C00921783, Transaction ID: B59CE7653B, Amount of Each Disbursement this Period: 6442.35

Memo Item

Full Name (Last, First, Middle Initial)

B. CATALINA LAUF FOR CONGRESS

Mailing Address PO BOX 366247

City: BONITA SPRINGS, State: FL, Zip Code: 34136-6247

Purpose of Disbursement: TRANSFER TO AFFILIATED COMMITTEE, Category/Type: 008

Candidate Name: LAUF, CATALINA, , , Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) State: FL, District: 19

Date of Disbursement: 03 / 17 / 2026

FEC Identification Number: C00921783, Transaction ID: B85C4F6B56I, Amount of Each Disbursement this Period: 3359.70

Memo Item

Full Name (Last, First, Middle Initial)

C. CATALINA LAUF FOR CONGRESS

Mailing Address PO BOX 366247

City: BONITA SPRINGS, State: FL, Zip Code: 34136-6247

Purpose of Disbursement: TRANSFER TO AFFILIATED COMMITTEE, Category/Type: 008

Candidate Name: LAUF, CATALINA, , , Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) State: FL, District: 19

Date of Disbursement: 03 / 31 / 2026

FEC Identification Number: C00921783, Transaction ID: B04C26213B, Amount of Each Disbursement this Period: 23049.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 32851.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CATALINA LAUF VICTORY FUND

A. DEFENSE OF FREEDOM

Full Name (Last, First, Middle Initial)
Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name
DEFENSE OF FREEDOM

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2026

FEC Identification Number
C00927871
Transaction ID : B01DFD30FB

Amount of Each Disbursement this Period
6442.35

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6442.35
TOTAL This Period (last page this line number only).....▶	39293.50