

**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

LAUREL LEE FOR CONGRESS, INC.

ADDRESS (number and street)

16350 BRUCE B. DOWNS BLVD

PO BOX 47556



Check if different than previously reported. (ACC)

TAMPA

FL

33647

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00815373

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2025

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

Type or Print Name of Treasurer CRATE, BRADLEY, , ,

Signature of Treasurer

CRATE, BRADLEY, , ,

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2025

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 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))....	190677.27	303559.47
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	189677.27	302159.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	90922.50	305524.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	90922.50	305524.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	839491.70	
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)	9768.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LAUREL LEE FOR CONGRESS, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2025

To:

M M / D D / Y Y Y Y
06 / 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).....

56717.80

87616.30

(ii) Unitemized

459.47

3443.17

(iii) TOTAL of contributions
from individuals ▶

57177.27

91059.47

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

133500.00

212500.00

(d) The Candidate

0.00

0.00

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

190677.27

303559.47

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

93643.48

312394.62

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

284320.75

615954.09

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.....	90922.50	305524.77
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	1000.00	1400.00
(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)).....	1000.00	1400.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	91922.50	306924.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	647093.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	284320.75
25. SUBTOTAL (add Line 23 and Line 24).....	931414.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91922.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	839491.70

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

PAGE 5 OF 234

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

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

A.

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

969.41

Date of Receipt

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

Transaction ID : SA11AI.155820056

Amount of Each Receipt this Period

0.95

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

B.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

969.41

Date of Receipt

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

Transaction ID : SA11AI.156138596

Amount of Each Receipt this Period

475.00

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)

FISHER, JEFFREY, , ,

Mailing Address 515 E 72ND ST
APT 30F

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOURO UNIVERSITY

Occupation

SPECIAL PROGRAMS ADMINISTRATOR

Receipt For: 2026

☒

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.156138764

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

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

500.00

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

PAGE 6 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

A.

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

969.41

Date of Receipt

M M / D D / Y Y Y Y Y
05 08 2025

Transaction ID : SA11AI.155075795

Amount of Each Receipt this Period

475.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B.

Full Name (Last, First, Middle Initial)

MCCANNELL, CHRISTOPHER, , ,

Mailing Address 2100 11TH ST NW
APT 207

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

GRAYROBINSON

DEPUTY MANAGING DIRECTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.155075800

Amount of Each Receipt this Period

500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

969.41

Date of Receipt

M M / D D / Y Y Y Y Y
05 29 2025

Transaction ID : SA11AI.155638668

Amount of Each Receipt this Period

9.50

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ARIALE, JOHN, MICHAEL, ,

A. Mailing Address 8124 RONDELAY LANE

City
FAIRFAX STATIONState
VAZip Code
22039FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAYROBINSONOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2025

Transaction ID : SA11AI.154956893

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BLAIR, ROBERT, M, ,

B. Mailing Address 408 PINE BLUFF DRIVE

City
LUTZState
FLZip Code
33549FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11AI.155263475

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

BLAIR, ROBERT, M, ,

C. Mailing Address 408 PINE BLUFF DRIVE

City
LUTZState
FLZip Code
33549FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11AI.155263475.1

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BLAIR, ROBERT, M, ,

A. Mailing Address 408 PINE BLUFF DRIVE

City
LUTZ

State
FL

Zip Code
33549

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11AI.155263475.2

Amount of Each Receipt this Period

1500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

CORCORAN, JESSICA, , ,

B. Mailing Address 7746 STILL LAKES DR

City
ODESSA

State
FL

Zip Code
33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERS

Occupation
ACCOUNTING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 29 2025

Transaction ID : SA11AI.155576919

Amount of Each Receipt this Period

7000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

CORCORAN, JESSICA, , ,

C. Mailing Address 7746 STILL LAKES DR

City
ODESSA

State
FL

Zip Code
33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERS

Occupation
ACCOUNTING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 29 2025

Transaction ID : SA11AI.155576919.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

7000.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CORCORAN, JESSICA, , ,

A. Mailing Address 7746 STILL LAKES DRCity
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERSOccupation
ACCOUNTING

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.155576919.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

CORCORAN, MICHAEL, , ,

B. Mailing Address 7746 STILL LAKES DRCity
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERSOccupation
GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.155576918

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

CORCORAN, MICHAEL, , ,

C. Mailing Address 7746 STILL LAKES DRCity
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERSOccupation
GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11AI.155576918.1

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

5000.00

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

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

PAGE 10 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CORCORAN, MICHAEL, , ,

A. Mailing Address 7746 STILL LAKES DR

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
CORCORAN PARTNERSOccupation
GOVERNMENT RELATIONS

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 29 2025

Transaction ID : SA11AI.155576918.2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
FEENEY, THOMAS, C., , IIIMailing Address 99 MAIN STREET SE
SUITE 725City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAY ROBINSONOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 28 2025

Transaction ID : SA11AI.155538375

Amount of Each Receipt this Period

500.00

☐ Memo ItemC. Full Name (Last, First, Middle Initial)
GULF STREAM LLC

Mailing Address 209B 140TH AVE E

City
MADEIRA BEACHState
FLZip Code
33708FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA11AI.155263501

Amount of Each Receipt this Period

500.00

☐ Memo Item

REFUNDED ON 6/16/2025

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEPSCHER, WILLIAM, S, ,

A.

Mailing Address 17911 BIMINI ISLE COURT

City
TAMPA

State
FL

Zip Code
33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE CANADIAN MEDSTORE

Occupation
BROKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11AI.155263499

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HUNTON ANDREWS KURTH LLP

B.

Mailing Address 951 EAST BYRD STREET

City
RICHMOND

State
VA

Zip Code
23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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A.

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Amount of Each Receipt this Period

5.00



Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

B.

Full Name (Last, First, Middle Initial)

TAYLOR, WENDELL, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

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5.00

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Full Name (Last, First, Middle Initial)

TURNER, ANDREW, , ,

Mailing Address 951 E BYRD ST

City

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State

VA

Zip Code

23219

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federal political committee.

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Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

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General



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Date of Receipt

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

VAN THUNEN, WILLIAM, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

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federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

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5.00

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Transaction ID : SA11AI.156099937

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5.00



Memo Item

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B.

Full Name (Last, First, Middle Initial)

VICK, BRIDGET, , ,

Mailing Address 951 E BYRD ST

City

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State

VA

Zip Code

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PARTNER

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5.00

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Transaction ID : SA11AI.156099938

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5.00



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Full Name (Last, First, Middle Initial)

VON MERZ, CARL, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

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HUNTON ANDREWS KURTH LLP

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PARTNER

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5.00

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Transaction ID : SA11AI.156099935

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Full Name (Last, First, Middle Initial)

VOWELL, MARK, , ,

A.

Mailing Address 951 E BYRD ST

City
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VAZip Code
23219FEC ID number of contributing
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C

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PARTNER

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Date of Receipt

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06 17 2025

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5.00

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Full Name (Last, First, Middle Initial)

WALL, GREGORY, , ,

B.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
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PARTNER

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5.00

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M M / D D / Y Y Y Y Y
06 17 2025

Transaction ID : SA11AI.156099940

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

Full Name (Last, First, Middle Initial)

WALLER, GREG, , ,

C.

Mailing Address 951 E BYRD ST

City
RICHMONDState
VAZip Code
23219FEC ID number of contributing
federal political committee.

C

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HUNTON ANDREWS KURTH LLPOccupation
PARTNER

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☐ Other (specify) ▼

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5.00

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06 17 2025

Transaction ID : SA11AI.156099941

Amount of Each Receipt this Period

5.00

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12	13a	13b	14	

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LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WARREN, RICHARD, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

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federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

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☐ Other (specify) ▼

Election Cycle-to-Date ▼

5.00

Date of Receipt

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06 17 2025

Transaction ID : SA11AI.156099942

Amount of Each Receipt this Period

5.00

☒ Memo Item

HUNTON ANDREWS KURTH LLP: PARTNER

B.

Full Name (Last, First, Middle Initial)

WASKOM, THOMAS, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

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HUNTON ANDREWS KURTH LLP

Occupation

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5.00

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06 17 2025

Transaction ID : SA11AI.156099943

Amount of Each Receipt this Period

5.00

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HUNTON ANDREWS KURTH LLP: PARTNER

C.

Full Name (Last, First, Middle Initial)

WEINSTOCK, PETER, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

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Zip Code

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Full Name (Last, First, Middle Initial)

WILLIAMS, AMY, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

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Zip Code

23219

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federal political committee.

C

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Occupation

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5.00

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06 17 2025

Transaction ID : SA11AI.156099945

Amount of Each Receipt this Period

5.00

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HUNTON ANDREWS KURTH LLP: PARTNER

B.

Full Name (Last, First, Middle Initial)

WILLIAMSON, HOLLY, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

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federal political committee.

C

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HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

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5.00

Date of Receipt

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06 17 2025

Transaction ID : SA11AI.156099946

Amount of Each Receipt this Period

5.00

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HUNTON ANDREWS KURTH LLP: PARTNER

C.

Full Name (Last, First, Middle Initial)

WILTSIE, SUSAN, , ,

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026

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Election Cycle-to-Date ▼

5.00

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06 17 2025

Transaction ID : SA11AI.156099947

Amount of Each Receipt this Period

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ZDUNKEWICZ, DAVID, , ,

A.

Mailing Address 951 E BYRD ST

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTON ANDREWS KURTH LLP

Occupation

PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5.00

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Transaction ID : SA11AI.156099948

Amount of Each Receipt this Period

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HUNTON ANDREWS KURTH LLP: PARTNER

B.

Full Name (Last, First, Middle Initial)

MARKARIAN, ANNE, R, ,

Mailing Address 13561 AVISTA DRIVE

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

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Amount of Each Receipt this Period

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C.

Full Name (Last, First, Middle Initial)

MURMAN, SANDRA, , ,

Mailing Address 410 BLANCA AVE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHUMAKER ADVISORS

Occupation

PRINCIPAL

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General



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500.00

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LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

RASHID, SAM, , ,

A.

Mailing Address PO BOX 2190

City

BRANDON

State

FL

Zip Code

33509

FEC ID number of contributing
federal political committee.

C

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HOLTEC USA CORPOccupation
CEO

Receipt For: 2026

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☐ Other (specify) ▼

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7000.00

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Mailing Address PO BOX 2190

City

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State

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Zip Code

33509

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLTEC USA CORPOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

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7000.00

Date of Receipt

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Transaction ID : SA11AI.155263477.1

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C.

Full Name (Last, First, Middle Initial)

RASHID, SAM, , ,

Mailing Address PO BOX 2190

City

BRANDON

State

FL

Zip Code

33509

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLTEC USA CORPOccupation
CEO

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☐ Other (specify) ▼

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7000.00

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Transaction ID : SA11AI.155263477.2

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7000.00

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Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

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☐ Other (specify) ▼

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60119.07

Date of Receipt

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Transaction ID : SA11AI.155901153

Amount of Each Receipt this Period

41.58

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B.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

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☐ Other (specify) ▼

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60119.07

Date of Receipt

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06 11 2025

Transaction ID : SA11AI.155928916

Amount of Each Receipt this Period

81.18

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
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WELLS, MARGARET, A, ,

C.

Mailing Address 1304 FAYMONT AVE

City
MANHATTAN BEACHState
CAZip Code
90266FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

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☐ Other (specify) ▼

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242.55

Date of Receipt

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06 08 2025

Transaction ID : SA11AI.155928940

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34.65

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34.65

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LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

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☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

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06 12 2025

Transaction ID : SA11AI.155957512

Amount of Each Receipt this Period

500.00

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Full Name (Last, First, Middle Initial)
MURPHY, DAN, , ,

B.

Mailing Address 9911 SHADY COVE DR

City
FAIRFAX STATION

State
VA

Zip Code
22039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BGR GROUP

CORPORATE COUNSEL

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500.00

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500.00

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

Mailing Address 4250 FAIRFAX DR
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ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

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☐ Other (specify) ▼

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60119.07

Date of Receipt

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06 13 2025

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49.50

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WIN, NWE, , ,

A.

Mailing Address 5701 E LITTLE WELLS PASS

City

CAVE CREEK

State

AZ

Zip Code

85331

FEC ID number of contributing
federal political committee.

C

Name of Employer
HONEYWELL

Occupation
PROJECT ENGINEER

Receipt For: 2026

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396.00

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M M / D D / Y Y Y Y
06 11 2025

Transaction ID : SA11AI.155981448

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y
06 18 2025

Transaction ID : SA11AI.156114225

Amount of Each Receipt this Period

972.28

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

LUKAWSKI, JENNIFER, , ,

C.

Mailing Address 8704 PLYMOUTH RD

City

ALEXANDRIA

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer
BGR GROUP

Occupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 16 2025

Transaction ID : SA11AI.156114366

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

1049.50

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WELLS, MARGARET, A, ,

A.

Mailing Address 1304 FAYMONT AVE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

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 ▼

242.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2025

Transaction ID : SA11AI.156114368

Amount of Each Receipt this Period

- 34.65

☐ Memo Item

EARMARKED THROUGH WINRED: CHARGEBACK

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 25 2025

Transaction ID : SA11AI.156273443

Amount of Each Receipt this Period

500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

HALL, HUNTER, , ,

C.

Mailing Address 525 9TH ST NW
STE 800

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE PICARD GROUP

Occupation

GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 23 2025

Transaction ID : SA11AI.156273598

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

465.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2025

Transaction ID : SA11AI.156332672

Amount of Each Receipt this Period

500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)
DERDERIAN, JAMES, , ,

B.

Mailing Address 182 PRINCE GEORGE ST

City
ANNAPOLIS

State
MD

Zip Code
21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

THE STANTON PARK GROUP

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 25 2025

Transaction ID : SA11AI.156332732

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156362002

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ARNOLD, LAURA, , ,

A.

Mailing Address 2950 LAZY LANE BLVD

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer
ARNOLD VENTURESOccupation
CO-FOUNDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 26 2025

Transaction ID : SA11AI.156364097

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156423881

Amount of Each Receipt this Period

3500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

C.

Full Name (Last, First, Middle Initial)
WALKER, KENT, , ,

Mailing Address 1600 AMPHITHEATRE PKWY

City
MOUNTAIN VIEWState
CAZip Code
94043FEC ID number of contributing
federal political committee.

C

Name of Employer
GOOGLE LLCOccupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156424020

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 86 OF 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156493303

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)
AMES, KEAGHAN, , ,

B.

Mailing Address 601 13TH ST NW

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BGR GROUP

VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156493307

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
CHADWICK, KIRSTEN, , ,

C.

Mailing Address 601 PRESIDENT FORD LN

City
ALEXANDRIA

State
VA

Zip Code
22302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FIERCE GOVERNMENT RELATIONS

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.156493306

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

1000.00

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

PAGE 87 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 02 2025

Transaction ID : SA11AI.153795937

Amount of Each Receipt this Period

- 1500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
BAUM, MARK, , ,

B.

Mailing Address 710 JACKSON BLVD

City
NASHVILLEState
TNZip Code
37205FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 01 2025

Transaction ID : SA11AI.153803203

Amount of Each Receipt this Period

- 1500.00

☐ Memo ItemEARMARKED THROUGH WINRED [SA11A1.16091]:
CHARGEBACKFull Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 09 2025

Transaction ID : SA11AI.154159339

Amount of Each Receipt this Period

91.08

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

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

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

- 1500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 10 2025

Transaction ID : SA11AI.154194041

Amount of Each Receipt this Period

115.83

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
WELLS, MARGARET, A, ,

Mailing Address 1304 FAYMONT AVE

City
MANHATTAN BEACHState
CAZip Code
90266FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.55

Date of Receipt

M M / D D / Y Y Y Y Y
04 08 2025

Transaction ID : SA11AI.154194329

Amount of Each Receipt this Period

34.65

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 14 2025

Transaction ID : SA11AI.154253253

Amount of Each Receipt this Period

4.95

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.

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

34.65

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

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

FOR LINE NUMBER: PAGE 89 OF 234

(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
04 15 2025

Transaction ID : SA11AI.154294187

Amount of Each Receipt this Period

5049.50

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
COMBS, JESSE, , ,

B.

Mailing Address 200 DORADO BEACH DRIVE #4211

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
PRESIDENT

RGAS LLC

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 11 2025

Transaction ID : SA11AI.154296885

Amount of Each Receipt this Period

5000.00

☐ Memo ItemEARMARKED THROUGH WINRED: SEE
REDESIGNATIONFull Name (Last, First, Middle Initial)
COMBS, JESSE, , ,

C.

Mailing Address 200 DORADO BEACH DRIVE #4211

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
PRESIDENT

RGAS LLC

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 11 2025

Transaction ID : SA11AI.154296885.1

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item

REDESIGNATION TO GENERAL

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

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

5000.00

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

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

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

COMBS, JESSE, , ,

A.

Mailing Address 200 DORADO BEACH DRIVE #4211

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer
RGAS LLCOccupation
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		11		2025

Transaction ID : SA11AI.154296885.2

Amount of Each Receipt this Period

1500.00

☒ Memo Item

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

WIN, NWE, , ,

B.

Mailing Address 5701 E LITTLE WELLS PASS

City
CAVE CREEKState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer
HONEYWELLOccupation
PROJECT ENGINEER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		11		2025

Transaction ID : SA11AI.154296884

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		16		2025

Transaction ID : SA11AI.154360703

Amount of Each Receipt this Period

1.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

49.50

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

PAGE 91 OF 234

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

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)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		17		2025

Transaction ID : SA11AI.154408980

Amount of Each Receipt this Period

29.70

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		25		2025

Transaction ID : SA11AI.154625096

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
SINGER, GILBERT, , ,

C.

Mailing Address 3406 W MULLEN AVE

City
TAMPAState
FLZip Code
33609FEC ID number of contributing
federal political committee.

C

Name of Employer
MARCADIS SINGER PAOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		23		2025

Transaction ID : SA11AI.154625099

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

Transaction ID : SA11AI.154700172

Amount of Each Receipt this Period

1000.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
ROSEN, DEAN, , ,

B.

Mailing Address 240 KENTUCKY AVE SE

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MEHLMAN CONSULTING

GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.154700462

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

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

Transaction ID : SA11AI.154742366

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WILLENS, MORNA, , ,

A.

Mailing Address 7711 BROOKVILLE RD

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

RECORDING INDUSTRY ASSOCIATION

Occupation

CHIEF POLICY OFFICER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11AI.154743681

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2025

Transaction ID : SA11AI.154783019

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

GLAZIER, MITCH, , ,

C.

Mailing Address 1700 ROBINHOOD RD

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIAA

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11AI.154783399

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
05 07 2025

Transaction ID : SA11AI.154994388

Amount of Each Receipt this Period

490.10

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
JEFFRIES, COLE, , ,

B.

Mailing Address 2501 W MORRISON AVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.154995930

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
05 08 2025

Transaction ID : SA11AI.155049047

Amount of Each Receipt this Period

546.53

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BAHNSEN, DANE, , ,

A.

Mailing Address 707 TIMBER BRANCH DR

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOUNDARY STONE PARTNERS

Occupation

CONSULTANT

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.155049058

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

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

Transaction ID : SA11AI.155077420

Amount of Each Receipt this Period

34.65

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

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

Transaction ID : SA11AI.155107267

Amount of Each Receipt this Period

1596.03

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CHAPPELL, MICHAEL, , ,

A.

Mailing Address 2818 UNIVERSITY TER NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIERCE GOVERNMENT RELATIONS

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.155107372

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

PAC, RMSP, , ,

B.

Mailing Address 411 NEW JERSEY AVE SE

City

WASHINGTON

State

DC

Zip Code

20003

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 ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.155107374

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WELLS, MARGARET, A, ,

C.

Mailing Address 1304 FAYMONT AVE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

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 ▼

242.55

Date of Receipt

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

Transaction ID : SA11AI.155107371

Amount of Each Receipt this Period

34.65

☐ Memo Item

EARMARKED THROUGH WINRED

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

1534.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 13 2025

Transaction ID : SA11AI.155146624

Amount of Each Receipt this Period

500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)
STEINBERG, FRANKLYN, , ,

B.

Mailing Address 3502 SHEPHERD ST

City
CHEVY CHASE

State
MD

Zip Code
20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FORBES TATE PARTNERS

GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 08 2025

Transaction ID : SA11AI.155165844

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 14 2025

Transaction ID : SA11AI.155173325

Amount of Each Receipt this Period

1056.43

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MCKEEL, SETH, D, ,

A.

Mailing Address 1435 HOLLINGSWORTH OAKS DR

City

LAKELAND

State

FL

Zip Code

33803

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE SOUTHERN GROUP

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2025

Transaction ID : SA11AI.155173681

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WIN, NWE, , ,

B.

Mailing Address 5701 E LITTLE WELLS PASS

City

CAVE CREEK

State

AZ

Zip Code

85331

FEC ID number of contributing
federal political committee.

C

Name of Employer

HONEYWELL

Occupation

PROJECT ENGINEER

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 11 2025

Transaction ID : SA11AI.155173682

Amount of Each Receipt this Period

49.50

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2025

Transaction ID : SA11AI.155296115

Amount of Each Receipt this Period

4.75

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

1049.50

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y
05 21 2025

Transaction ID : SA11AI.155398733

Amount of Each Receipt this Period

1500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
JEFFRIES, E STEWART, , ,

Mailing Address PO BOX 15722

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer

JEFFRIES STRATEGIES LLC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 19 2025

Transaction ID : SA11AI.155399804

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
ONEILL, JOHN, , ,

Mailing Address 37 WATAUGA ST

City
ASHEVILLEState
NCZip Code
28801FEC ID number of contributing
federal political committee.

C

Name of Employer

ONEILL ENTERPRISES

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 19 2025

Transaction ID : SA11AI.155399803

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SILBEY, ALEXANDER, , ,

A.

Mailing Address 906 3RD PL SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATS COMMUNICATIONS INC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2025

Transaction ID : SA11AI.155399802

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2025

Transaction ID : SA11AI.155492000

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

STONE, JOHN, , ,

C.

Mailing Address 1401 COVENTRY LN

City

ALEXANDRIA

State

VA

Zip Code

22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 22 2025

Transaction ID : SA11AI.155492440

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED THROUGH WINRED

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.Full Name (Last, First, Middle Initial)
WINRED**A.**Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

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

Transaction ID : SA11AI.155659548

Amount of Each Receipt this Period

500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
IAROSSI, NICHOLAS, , ,**B.**

Mailing Address 3016 GENTILLY ST

City
TALLAHASSEEState
FLZip Code
32312FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

CAPITAL CITY CONSULTING

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.155659827

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

Full Name (Last, First, Middle Initial)
WINRED**C.**Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60119.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA11AI.155762847

Amount of Each Receipt this Period

5500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DEL MONTE, BRENT, , ,

A.

Mailing Address 2901 28TH ST NW

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

PRINCIPAL

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.155763001

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED

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
☐ Other (specify) ▼☐ General

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
☐ Other (specify) ▼☐ General

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)..... ▶

56717.80

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ABBVIE POLITICAL ACTION COMMITTEE**A.**

Mailing Address 1 N. WAUKEGAN ROAD

City
NORTH CHICAGOState
ILZip Code
60064FEC ID number of contributing
federal political committee.**C** C00536573

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2025

Transaction ID : SA11C.154956890

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AECOM PAC**B.**

Mailing Address 2000 K ST., NW #800

City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00374447

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156506991

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**C.**Mailing Address 101 CONSTITUTION AVE NW
SUITE 400WCity
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00089136

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 10 2025

Transaction ID : SA11C.155922528

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMALGAMATED SUGAR COMPANY POLITICAL ACTION COMMITTEE**A.**Mailing Address 1951 SOUTH SATURN WAY
BOISE

City SUITE 100	State ID	Zip Code 83709
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C** C00326389

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		04		2025

Transaction ID : SA11C.155759050

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)**B.**Mailing Address 1201 PENNSYLVANIA AVE. NW
SUITE 540

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C** C00359539

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		13		2025

Transaction ID : SA11C.155169043

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF INDEPENDENT MUSIC, INC. POLITICAL ACTION COMMITTEE (INDEPENDENT MUSIC PAC)**C.**Mailing Address 132 DELANCEY STREET
2ND FLOOR

City NEW YORK	State NY	Zip Code 10002
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.**C** C00808931

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		28		2025

Transaction ID : SA11C.155538367

Amount of Each Receipt this Period

500.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)Mailing Address 1400 L STREET, NW
SUITE 400City
WASHINGTONState
DCZip Code
20005FEC ID number of contributing
federal political committee.**C** C00010868

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	5

Transaction ID : SA11C.154143136

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEEMailing Address 101 CONSTITUTION AVE NW
STE 700City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00147066

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.155980569

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH 3RD STREET

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

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.155538368

Amount of Each Receipt this Period

5000.00

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

8000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**A.**Mailing Address 919 18TH STREET, NW
SUITE 300City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.**C** C00038604

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.155370472

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN FUELS AND PETROCHEMICAL MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE (AFPMPAC)**B.**Mailing Address 1800 M STREET NW
SUITE 900 NORTHCity
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.**C** C00415026

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

Transaction ID : SA11C.156099744

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICA'S HEALTH INSURANCE PLANS, INC. PAC (AHIP PAC)**C.**Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 500City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00106740

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.155775490

Amount of Each Receipt this Period

1000.00

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

3000.00

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ANIMAL WELLNESS ACTION PAC

Mailing Address 611 PENNSYLVANIA AVE., SE
#136

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C C00679860

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 13 2025

Transaction ID : SA11C.155169042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ASCO ASSOCIATION POLITICAL ACTION COMMITTEE (ASCO ASSOCIATION PAC)

Mailing Address 2318 MILL ROAD
SUITE 800

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C C00734012

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 10 2025

Transaction ID : SA11C.155922530

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ASSOCIATED BUILDERS AND CONTRACTORS, INC. POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 440 FIRST STREET NW
SUITE 200

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00010421

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2025

Transaction ID : SA11C.155263479

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

7500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ASURION LLC POLITICAL ACTION COMMITTEE (ASURION PAC)

Mailing Address 140 11TH AVE NORTH

City
NASHVILLEState
TNZip Code
37203FEC ID number of contributing
federal political committee.**C** C00450916

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : SA11C.155169041

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AT&T INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (AT&T EMPLOYEE FEDERAL PAC)Mailing Address 208 S. AKARD STREET
SUITE 1812City
DALLASState
TXZip Code
75202FEC ID number of contributing
federal political committee.**C** C00109017

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2025

Transaction ID : SA11C.154333768

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEEMailing Address 7101 WISCONSIN AVENUE
SUITE 1300City
BETHESDAState
MDZip Code
20814FEC ID number of contributing
federal political committee.**C** C00250753

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2025

Transaction ID : SA11C.156334342

Amount of Each Receipt this Period

2500.00

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

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BMI POLITICAL ACTION COMMITTEE (BMI PAC)Mailing Address 250 GREENWICH STREET 7 WTC
30TH FLOORCity
NEW YORKState
NYZip Code
10007FEC ID number of contributing
federal political committee.**C** C00653188

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11C.156423719

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PLACE

City
DUBLINState
OHZip Code
43017FEC ID number of contributing
federal political committee.**C** C00332833

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

Transaction ID : SA11C.156099743

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 400 WASHINGTON BLVD

City
STAMFORDState
CTZip Code
06902FEC ID number of contributing
federal political committee.**C** C00426775

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.155538369

Amount of Each Receipt this Period

5000.00

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

8000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CISCO SYSTEMS, INC. FEDERAL PAC, AKA CISCO SYSTEMS EPAC

Mailing Address 400 CAPITOL MALL, SUITE 2400

City

SACRAMENTO

State

CA

Zip Code

95814

FEC ID number of contributing
federal political committee.**C** C00362707

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.156177160

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CITIGROUP INC. PAC - FEDERAL (CITI PAC - FEDERAL)

Mailing Address 1101 PENNSYLVANIA AVE NW 12TH FL

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00008474

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.156506992

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CONQUERING CANCER PACMailing Address 228 S WASHINGTON ST
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.**C** C00785014

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : SA11C.156430275

Amount of Each Receipt this Period

5000.00

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

7000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CONQUERING CANCER PAC**A.**Mailing Address 228 S WASHINGTON ST
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.**C** C00785014

Name of Employer

Occupation

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : SA11C.156711405

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

COX ENTERPRISES PAC (COXPAC) INC.**B.**

Mailing Address 975 F STREET NW SUITE 300

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00477653

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.154300924

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DUKE ENERGY CORPORATION PAC**C.**Mailing Address 1301 PENNSYLVANIA AVENUE, NW
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00083535

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

Transaction ID : SA11C.156099738

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE HEALTH PAC)

A.Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 710

City

WASHINGTON

State

DC

Zip Code

20004

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

C00197228

Name of Employer

Occupation

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

Transaction ID : SA11C.154705873

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. POLITICAL ACTION COMMITTEE (ELEVANCE HEALTH PAC)

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
SUITE 710

City

WASHINGTON

State

DC

Zip Code

20004

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

C00197228

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

Transaction ID : SA11C.154705874

Amount of Each Receipt this Period

1500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 1301 PENNSYLVANIA AVE NW STE 401

City

WASHINGTON

State

DC

Zip Code

20004

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

C00012328

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.156423722

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00076810

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		22		2025

Transaction ID : SA11C.154549788

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00076810

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.156711403

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GRAYROBINSON P.A. POLITICAL ACTION COMMITTEE

Mailing Address 301 E PINE ST. SUITE 1400

City
ORLANDOState
FLZip Code
32801FEC ID number of contributing
federal political committee.**C** C00224790

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
05		06		2025

Transaction ID : SA11C.154956891

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HEALTHCARE DISTRIBUTION ALLIANCE POLITICAL ACTION COMMITTEE

Mailing Address 901 N. GLEBE ROAD
SUITE 1000

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00247569

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 28 2025

Transaction ID : SA11C.155538370

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2025

Transaction ID : SA11C.154549790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

INFORMATION TECHNOLOGY INDUSTRY COUNCIL POLITICAL ACTION COMMITTEE (ITI PAC)

Mailing Address 700 K ST, NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00419036

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156423030

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 4111 EAST 37TH STREET NORTH

City
WICHITAState
KSZip Code
67220FEC ID number of contributing
federal political committee.**C** C00236489

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 04 2025

Transaction ID : SA11C.155759052

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address 539 S. MAIN STREET

City
FINDLAYState
OHZip Code
45840FEC ID number of contributing
federal political committee.**C** C00496307

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA11C.156186904

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 122 UPTOWN DR SUITE 300

City
BAY CITYState
MIZip Code
48708FEC ID number of contributing
federal political committee.**C** C00384354

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156506990

Amount of Each Receipt this Period

1500.00

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

9000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER ROAD

City
WAHPETONState
NDZip Code
58075FEC ID number of contributing
federal political committee.**C** C00164939

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		28		2025

Transaction ID : SA11C.155538371

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MUSIC SPEAKS: THE SOUNDEXCHANGE, INC. LEGISLATIVE FUNDMailing Address 733 10TH STREET, NW
10TH FLOORCity
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00540153

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		15		2025

Transaction ID : SA11C.155334600

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City
CHICAGOState
ILZip Code
60611FEC ID number of contributing
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		07		2025

Transaction ID : SA11C.155075731

Amount of Each Receipt this Period

1000.00

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

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NATIONAL FEDERATION OF INDEPENDENT BUSINESS FEDERAL POLITICAL ACTION COMMITTEE

A.Mailing Address 555 12TH ST NW
SUITE 1001City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00101105

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		28		2025

Transaction ID : SA11C.155538372

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

NATIONAL MUSIC PUBLISHERS' ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (NMPAC)

Mailing Address 1900 N ST, NW
SUITE 500City
WASHINGTONState
DCZip Code
20036FEC ID number of contributing
federal political committee.**C** C00412619

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		06		2025

Transaction ID : SA11C.154957015

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)

Mailing Address 400 N. CAPITOL STREET NW
SUITE 475City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00480863

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		20		2025

Transaction ID : SA11C.155370473

Amount of Each Receipt this Period

1000.00

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**A.**Mailing Address 66 CANAL CENTER PLAZA
SUITE 300City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.**C** C00089458

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		10		2025

Transaction ID : SA11C.155922533

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NCTA - THE INTERNET & TELEVISION ASSOCIATION POLITICAL ACTION COMMITTEE (NCTAPAC)**B.**

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.**C** C00010082

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		01		2025

Transaction ID : SA11C.154783917

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE**C.**Mailing Address 801 PENNSYLVANIA AVE., NW
SUITE 220City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00064774

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.156711401

Amount of Each Receipt this Period

1000.00

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

4500.00

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

SCHEDULE A (FEC Form 3)
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for each category of the
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE**A.**

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 700

City

WASHINGTON

State

DC

Zip Code

20004

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

C00033969

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 17 2025

Transaction ID : SA11C.156099737

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ORGANON & CO. EMPLOYEE POLITICAL ACTION COMMITTEE**B.**Mailing Address 200 MASSACHUSETTS AVE NW
9TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

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

C00780171

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 22 2025

Transaction ID : SA11C.154529758

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PARAMOUNT GLOBAL POLITICAL ACTION COMMITTEE**C.**Mailing Address 1275 PENNSYLVANIA AVENUE NW
SUITE 710

City

WASHINGTON

State

DC

Zip Code

20004

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

C00167759

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 28 2025

Transaction ID : SA11C.155538373

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

A.Mailing Address 670 MAINE AVE. SW
SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.**C** C00021972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.156423723

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

PHILLIPS 66 PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
STE 1150N

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00513549

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.155922534

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

PRUDENTIAL FINANCIAL INC. FEDERAL POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL FEDERAL PAC)

Mailing Address 751 BROAD STREET
22ND FLOOR

City

NEWARK

State

NJ

Zip Code

71023

FEC ID number of contributing
federal political committee.**C** C00127779

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11C.155538374

Amount of Each Receipt this Period

2500.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SALTCHUK RESOURCES, INC. PACMailing Address 450 ALASKAN WAY SOUTH
STE 708City
SEATTLEState
WAZip Code
98104FEC ID number of contributing
federal political committee.**C** C00411694

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		10		2025

Transaction ID : SA11C.155922536

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 12010 SUNSET HILLS ROAD

City
RESTONState
VAZip Code
20190FEC ID number of contributing
federal political committee.**C** C00300418

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11C.156506988

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SPACE EXPLORATION TECHNOLOGIES CORP. PACMailing Address 1155 F STREET, NW
SUITE 475City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00411116

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		13		2025

Transaction ID : SA11C.155169039

Amount of Each Receipt this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

A.

Mailing Address PO BOX 666

City

BELLE GLADE

State

FL

Zip Code

33430

FEC ID number of contributing
federal political committee.

C C00254656

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156506987

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TECHNOLOGY NETWORK (TECHNET) FEDERAL PAC

B.

Mailing Address 20 PARK ROAD, SUITE E

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C C00328369

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 17 2025

Transaction ID : SA11C.156099736

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

C.

Mailing Address 1155 F STREET, NW
SUITE 400

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2025

Transaction ID : SA11C.154550736

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THE MOSAIC COMPANY POLITICAL ACTION COMMITTEE (MOSAICPAC)**A.**

Mailing Address 13830 CIRCA CROSSING DRIVE

City
LITHIAState
FLZip Code
33547FEC ID number of contributing
federal political committee.**C** C00455766

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 20 2025

Transaction ID : SA11C.155370471

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION COMMITTEE FOR RURAL ELECTRIFICATION (AMERICA'S ELECTRIC COOPERATIVES PAC)**B.**

Mailing Address 4301 WILSON BLVD

City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 13 2025

Transaction ID : SA11C.155169040

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THE RECORDING INDUSTRY ASSOCIATION OF AMERICA, INC. POLITICAL ACTION COMMITTEE**C.**Mailing Address 1000 F STREET NW
2ND FLOORCity
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00009357

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2025

Transaction ID : SA11C.154957016

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THE TRAVELERS COMPANIES, INC. POLITICAL ACTION COMMITTEE (T-PAC)**A.** Mailing Address ONE TOWER SQUARECity
HARTFORDState
CTZip Code
06183FEC ID number of contributing
federal political committee.**C** C00376376

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 10 2025

Transaction ID : SA11C.155922535

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)**B.** Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00361758

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2025

Transaction ID : SA11C.154957017

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)**C.** Mailing Address 1000 F ST. NWCity
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C** C00169821

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA11C.156186905

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

UNIVERSAL MUSIC GROUP EMPLOYEE ACTION FUND

A.

Mailing Address 2220 COLORADO AVENUE

City

SANTA MONICA

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C C00392464

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156423724

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

USA RICE FEDERATION PAC

B.

Mailing Address 2101 WILSON BLVD
STE 610

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C C00308478

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 20 2025

Transaction ID : SA11C.155370476

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

C.

Mailing Address ONE VALERO WAY

City

SAN ANTONIO

State

TX

Zip Code

78249

FEC ID number of contributing
federal political committee.

C C00109546

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 10 2025

Transaction ID : SA11C.155922537

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

10000.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

A.

Mailing Address 228 S. WASHINGTON ST.
STE. 115City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.

C C00327189

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA11C.156423727

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

VISA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 701 PENNSYLVANIA AVE NW
SUITE 800City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.

C C00365122

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 13 2025

Transaction ID : SA11C.155169038

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

VIZIENT, INC., POLITICAL ACTION COMMITTEE

Mailing Address 799 9TH STREET, N.W.
SUITE 210City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.

C C00199497

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 23 2025

Transaction ID : SA11C.156186906

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WESTERN SUGAR COOPERATIVE PACMailing Address 7555 EAST HAMPDEN AVENUE
SUITE 520City
DENVERState
COZip Code
80231FEC ID number of contributing
federal political committee.**C** C00446674

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		20		2025

Transaction ID : SA11C.155370477

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FRIENDS OF COMMUNITY ONCOLOGY PACMailing Address 760 LYNNHAVEN PARKWAY
SUITE 150City
VIRGINIA BEACHState
VAZip Code
23452FEC ID number of contributing
federal political committee.**C** C00383976

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.155763002

Amount of Each Receipt this Period

5000.00

☐ Memo ItemEARMARKED THROUGH WINRED
ISA11A1155763002

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

6000.00

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

133500.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GOP WINNING WOMEN 2026

A.Mailing Address 228 S WASHINGTON ST
STE 115City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.**C** C00899633

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6656.80

Date of Receipt

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

Transaction ID : SA12.156525865

Amount of Each Receipt this Period

3328.40

☐ Memo ItemJFC TRANSFER: SEE ATTRIBUTIONS BELOW FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

STERN, ELIZABETH, , ,

Mailing Address 20 DORIS DR

City
SCARSDALEState
NYZip Code
10583FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156526489

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: GOP WINNING WOMEN 2026

C.

Full Name (Last, First, Middle Initial)

GOP WINNING WOMEN 2026

Mailing Address 228 S WASHINGTON ST
STE 115City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.**C** C00899633

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6656.80

Date of Receipt

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

Transaction ID : SA12.156526100

Amount of Each Receipt this Period

3328.40

☐ Memo ItemJFC TRANSFER: SEE ATTRIBUTIONS BELOW FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

6656.80

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

STERN, ELIZABETH, , ,

A.

Mailing Address 20 DORIS DR

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156526490

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: GOP WINNING WOMEN 2026

B.

Full Name (Last, First, Middle Initial)

LAUREL LEE VICTORY FUND

Mailing Address 16350 BRUCE B. DOWNS BLVD

P.O. BOX 47556

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

C00826230

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

981684.42

Date of Receipt

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

Transaction ID : SA12.156507070

Amount of Each Receipt this Period

4060.00

☐ Memo ItemJFC TRANSFER: FUNDS FROM DONORS
DEVIATION DISCLOSED**C.**

Full Name (Last, First, Middle Initial)

LAUREL LEE VICTORY FUND

Mailing Address 16350 BRUCE B. DOWNS BLVD

P.O. BOX 47556

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

C00826230

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

228782.18

Date of Receipt

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

Transaction ID : SA12.156507021

Amount of Each Receipt this Period

64210.82

☐ Memo ItemJFC TRANSFER: SEE ATTRIBUTIONS BELOW FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

68270.82

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ALFONSO, CARLOS, , ,

A.

Mailing Address 2913 W HARBOR VIEW AVE

City
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLIANT PARTNERS DEVELOPMENTOccupation
SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647761

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

ANGEL, GARYN, , ,

B.

Mailing Address 1214 W CASS ST

City
TAMPAState
FLZip Code
33606FEC ID number of contributing
federal political committee.

C

Name of Employer
FARM-EDOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA12.156647756

Amount of Each Receipt this Period

2500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

ARNOLD, KARA, , ,

C.

Mailing Address 2822 W BAY AVE

City
TAMPAState
FLZip Code
33611FEC ID number of contributing
federal political committee.

C

Name of Employer
EWI PARTNERSOccupation
CHIEF OF STAFF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647755

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

AZORIN, MARUCHI, , ,

A.

Mailing Address 3001 S MACDILL AVE

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
RETAIL EXEC

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2025

Transaction ID : SA12.156647753

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BABBITT, LEN, , ,

B.

Mailing Address 3304 WESTMORELAND DR

City
TAMPAState
FLZip Code
33618FEC ID number of contributing
federal political committee.

C

Name of Employer
MYGUARD LLCOccupation
CFO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA12.156647738

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BALDWIN, LOWRY, , ,

C.

Mailing Address PO BOX 23787

City
TAMPAState
FLZip Code
33623FEC ID number of contributing
federal political committee.

C

Name of Employer
THE BALDWIN GROUPOccupation
CHAIRMAN FOUNDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2025

Transaction ID : SA12.156647776

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BEDKE, MICHAEL, , ,

A.

Mailing Address 817 S ROXMERE RD

City
TAMPAState
FLZip Code
33609FEC ID number of contributing
federal political committee.

C

Name of Employer
DLA PIPEROccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2025

Transaction ID : SA12.156647772

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BERGERIS, DEBRA, , ,

B.

Mailing Address 13724 WALBROOKE DR

City
TAMPAState
FLZip Code
33624FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2025

Transaction ID : SA12.156647736

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BERGERIS, DEBRA, , ,

C.

Mailing Address 13724 WALBROOKE DR

City
TAMPAState
FLZip Code
33624FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA12.156647754

Amount of Each Receipt this Period

1500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BEST, THILO, , ,

A.

Mailing Address 701 S HOWARD AVE

City

TAMPA

State

FL

Zip Code

33606

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 ▼

7000.00

Date of Receipt

06 / 30 / 2025

Transaction ID : SA12.156647784

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BLAKE, MELISSA, , ,

B.

Mailing Address 9433 SILVERTHORN RD

City

SEMINOLE

State

FL

Zip Code

33777

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWNSTEIN HYATT FARBER SCHRECK LL

Occupation

SHAREHOLDER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2025

Transaction ID : SA12.156647742

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

BUONAMIA, VICTOR, , ,

C.

Mailing Address 468 OAK LANDING BLVD

City

MULBERRY

State

FL

Zip Code

33860

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEOPLE TECHNOLOGY AND PROCESSES

Occupation

CEO

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2025

Transaction ID : SA12.156647770

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CAPITANO, FRACIS, , ,

A.

Mailing Address 4625 BAYSHORE BLVD

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE RADIANT GROUP

Occupation

MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647764

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

CAPITANO, JOSEPH, , ,

Mailing Address 1115 ABBEYS WAY

City

TAMPA

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE RADIANT GROUP

Occupation

SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647762

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

CAPITANO, JOSEPH, , ,

Mailing Address 3802 S KENWOOD AVE

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE RADIANT GROUP

Occupation

SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647763

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

CASSIDY, BRICE, , ,

A.

Mailing Address 8060 COW CAMP LN

City

LAKEWOOD RANCH

State

FL

Zip Code

34240

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 ▼

1000.00

Date of Receipt

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

Transaction ID : SA12.156647758

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

CURRY, CLIFTON, , ,

B.

Mailing Address 750 W LUMSDEN RD

City

BRANDON

State

FL

Zip Code

33511

FEC ID number of contributing
federal political committee.

C

Name of Employer

CURRY LAW GROUP

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647743

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

CURTIS, SUSAN, , ,

C.

Mailing Address 9712 LAKE ISLEWORTH CT

City

WINDERMERE

State

FL

Zip Code

34786

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 ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647745

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

DE NICOLA, ANTHONY, , ,

A.

Mailing Address 732 N MANASOTA KEY RD

City

ENGLEWOOD

State

FL

Zip Code

34223

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCAS

Occupation

CHAIRMAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA12.156647781

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

DONEY, DAVID, , ,

Mailing Address 3006 W CHAPIN AVE

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

AKERMAN LLP

Occupation

LAWYER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647744

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

ELLIOTT, PAUL, , ,

Mailing Address PO BOX 274204

City

TAMPA

State

FL

Zip Code

33688

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID : SA12.156647768

Amount of Each Receipt this Period

100.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FAY, DAVID, , ,

A.

Mailing Address 1235 S 82ND ST

City
TAMPA

State
FL

Zip Code
33619

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIGHTNING BAY COMPANIES

Occupation
VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA12.156647757

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

FREDERICK, GABBY, , ,

B.

Mailing Address 10705 LAKE ALICE CV

City
ODESSA

State
FL

Zip Code
33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA12.156647729

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

FREDERICK, TOM, , ,

C.

Mailing Address 10705 LAKE ALICE CV

City
ODESSA

State
FL

Zip Code
33556

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUN PRINT

Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA12.156647730

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GEARY, JAMES, , ,

A.

Mailing Address 3219 W BAY VILLA AVE

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer

PWC

Occupation

PARTNER

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA12.156647750

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

GORDON, BRENT, , ,

Mailing Address 1028 CRYSTAL LAKE RD

City

LUTZ

State

FL

Zip Code

33548

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE GORDON LAW FIRM PA

Occupation

ATTORNEY

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647747

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

GRIFFIN, MICHAEL, , ,

Mailing Address 4220 W CORONA ST

City

TAMPA

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAVILLS

Occupation

COMMERCIAL REAL ESTATE

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647740

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

HARDEN, JAMES, , ,**A.**

Mailing Address 4304 W ROBIN LN

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.**C**Name of Employer
CREATIVE SIGN DESIGNSOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647775

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

HOLTON, JAMES, , ,**B.**

Mailing Address 2701 N ROCKY POINT DR

City

TAMPA

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.**C**Name of Employer
HALL BOOTH SMITHOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA12.156647752

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

KARP, LANCE, , ,**C.**

Mailing Address 5343 NATHANIEL PL

City

SARASOTA

State

FL

Zip Code

34233

FEC ID number of contributing
federal political committee.**C**Name of Employer
SARASOTA DENTAL GROUPOccupation
DENTIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647749

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KEARNEY, BING, , ,

A. Mailing Address 911 SEDDON COVE WAYCity
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
THE KEARNEY COMPANIESOccupation
CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2025

Transaction ID : SA12.156647767

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

LAI, JOSEPH, , ,

B. Mailing Address 2831 S BAYSHORE DRCity
MIAMIState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer
BGR GROUPOccupation
PRINCIPAL GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2025

Transaction ID : SA12.156647774

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

LASHWAY, JEFFREY, , ,

C. Mailing Address 360 CENTRAL AVECity
SAINT PETERSBURGState
FLZip Code
33701FEC ID number of contributing
federal political committee.

C

Name of Employer
COVENANT SECURITY SOLUTIONSOccupation
OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647777

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

LENHART, REID, , ,

A.

Mailing Address 155 S COURT AVE

City

ORLANDO

State

FL

Zip Code

32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE CANADIAN MEDSTORE

Occupation

PHARMACIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2025D D / Y Y Y Y Y
19 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647771

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

LISKO, CHELSIE, , ,

B.

Mailing Address 2744 LAKE VALLEY PL

City

WESLEY CHAPEL

State

FL

Zip Code

33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLLAND AND KNIGHT

Occupation

LAWYER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2025D D / Y Y Y Y Y
25 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647735

Amount of Each Receipt this Period

1000.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

LYKES, JOHNSON, , ,

C.

Mailing Address 6401 S WEST SHORE BLVD

City

TAMPA

State

FL

Zip Code

33616

FEC ID number of contributing
federal political committee.

C

Name of Employer

LYKES BROS INC

Occupation

BUSINESS ANALYST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2025D D / Y Y Y Y Y
30 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647737

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MAHONEY, KIERAN, , ,

A.

Mailing Address 16603 MILLAN DE AVILA

City
TAMPAState
FLZip Code
33613FEC ID number of contributing
federal political committee.

C

Name of Employer
MERCURYOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA12.156647766

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MCCLINTOCK, LINDA, , ,

B.

Mailing Address 3401 BAYSHORE BLVD

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
AGELESS MEDICINEOccupation
MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 15 2025

Transaction ID : SA12.156647759

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MCGILLICUDDY, DENNIS, , ,

C.

Mailing Address 3827 FLAMINGO AVE

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 05 2025

Transaction ID : SA12.156647779

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
MCGILLICUDDY, GRACIELA, , ,

A. Mailing Address 3827 FLAMINGO AVE

City
SARASOTAState
FLZip Code
34242FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 05 2025

Transaction ID : SA12.156647780

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)
MOORE, CAROL, , ,

B. Mailing Address 15301 BURSLEY DR

City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA12.156647769

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)
MOORE, WILLIAM, , ,

C. Mailing Address 15301 BURSLEY DR

City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA12.156647765

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE UNITED STATES INC

Mailing Address 13625 BISHOPS DR

City
BROOKFIELDState
WIZip Code
53005FEC ID number of contributing
federal political committee.

C C00204008

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 04 2025

Transaction ID : SA12.156647778

Amount of Each Receipt this Period

2000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

NGUYEN, THANHMY, , ,

Mailing Address 11933 WANDSWORTH DR

City
TAMPAState
FLZip Code
33626FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INNOVACARE

INTERNIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647741

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

PATEL, NIKUL, , ,

Mailing Address 8271 PERSIMMON HILL LN

City
JACKSONVILLEState
FLZip Code
32256FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CITI

TECHNOLOGY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 07 2025

Transaction ID : SA12.156647746

Amount of Each Receipt this Period

500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ROTHMAN, ROBERT, , ,

A.

Mailing Address 101 E KENNEDY BLVD

City
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK DIAMOND CAPITALOccupation
CHAIRMAN & CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2025

Transaction ID : SA12.156647733

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

STAHL, LEWIS, , ,

B.

Mailing Address 6398 AVALON POINTE CT

City
BOCA RATONState
FLZip Code
33496FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXTGEN MANAGEMENTOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647732

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

STRASKE, STEPHEN, , ,

C.

Mailing Address 1909 S BROOKLINE ST

City
TAMPAState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer
FERMAN MOTOR CAR COMPANY INCOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025

Transaction ID : SA12.156647748

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THORSEN, CARLYLE, , ,

A.

Mailing Address 7100 MAPLE AVE

City

TAKOMA PARK

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

THORSEN FRENCH ADVOCACY

Occupation

PRINCIPAL

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA12.156647783

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

TRAVIESA, ANTHONY, , ,

Mailing Address 416 S ROYAL PALM WAY

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGT

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

Transaction ID : SA12.156647782

Amount of Each Receipt this Period

3500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

TTF MANAGEMENT, LLC

Mailing Address 10705 LAKE ALICE CV

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647788

Amount of Each Receipt this Period

3500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNERSHIP: SEE ATTRIBUTION

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FREDERICK, GABBY, , ,

A.

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
SELF-EMPLOYED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 01 2025

Transaction ID : SA12.156647728.1

Amount of Each Receipt this Period

1750.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNER: TTF MANAGEMENT, LLC

B.

Full Name (Last, First, Middle Initial)

FREDERICK, TOM, , ,

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
SUN PRINTOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 01 2025

Transaction ID : SA12.156647728.2

Amount of Each Receipt this Period

1750.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNER: TTF MANAGEMENT, LLC

C.

Full Name (Last, First, Middle Initial)

VINIK, JEFFREY, , ,

Mailing Address 401 E JACKSON ST
STE 2525City
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
TAMPA BAY LIGHTNINGOccupation
CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647731

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WEINSTEIN, DAVID, , ,

A.

Mailing Address 366 BLANCA AVE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENBERG TRAURIG PA

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2025D D / Y Y Y Y Y
21 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647773

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

WISHNATZKI, GARY, , ,

B.

Mailing Address 16609 MILLAN DE AVILA

City

TAMPA

State

FL

Zip Code

33613

FEC ID number of contributing
federal political committee.

C

Name of Employer

WISH FARMS

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025D D / Y Y Y Y Y
09 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647751

Amount of Each Receipt this Period

3500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

WOLTMANN, RICHARD, , ,

C.

Mailing Address 4129 NORTHMEADOW CIR

City

TAMPA

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAY AREA LEGAL SERVICES

Occupation

LAWYER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2025D D / Y Y Y Y Y
23 / 2025Y Y Y Y Y
2025

Transaction ID : SA12.156647734

Amount of Each Receipt this Period

500.00



Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WOODS, STEPHANIE, , ,

A. Mailing Address 10306 PONTOFINO CIRCity
TRINITYState
FLZip Code
34655FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
HVAC AND REAL ESTATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA12.156647739

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
LAUREL LEE VICTORY FUND
Mailing Address 16350 BRUCE B. DOWNS BLVD
P.O. BOX 47556City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C C00826230

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

228782.18

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA12.156507062

Amount of Each Receipt this Period

18715.86

☐ Memo ItemJFC TRANSFER: SEE ATTRIBUTIONS BELOW FOR
ALL DONORS ABOVE ITEMIZATION THRESHOLD**C.** Full Name (Last, First, Middle Initial)
BALDWIN, LOWRY, , ,
Mailing Address PO BOX 23787City
TAMPAState
FLZip Code
33623FEC ID number of contributing
federal political committee.

C

Name of Employer
THE BALDWIN GROUPOccupation
CHAIRMAN FOUNDER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 30 2025

Transaction ID : SA12.156647795

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

18715.86

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BEST, THILO, , ,

A.

Mailing Address 701 S HOWARD AVE
STE 106City
TAMPAState
FLZip Code
33606FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : SA12.156647796

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

CURTIS, SUSAN, , ,

B.

Mailing Address 9712 LAKE ISLEWORTH CT

City
WINDERMEREState
FLZip Code
34786FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 07 2025

Transaction ID : SA12.156647791

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

FAY, DAVID, , ,

C.

Mailing Address 1235 S 82ND ST

City
TAMPAState
FLZip Code
33619FEC ID number of contributing
federal political committee.

C

Name of Employer
LIGHTNING BAY COMPANIESOccupation
VICE PRESIDENT

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 12 2025

Transaction ID : SA12.156647792

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FREDERICK, GABBY, , ,

A.

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
SELF-EMPLOYED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 02 2025

Transaction ID : SA12.156647786

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

FREDERICK, TOM, , ,

B.

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer
SUN PRINTOccupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 02 2025

Transaction ID : SA12.156647787

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

MOORE, CAROL, , ,

C.

Mailing Address 15301 BURSLEY DR

City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA12.156647794

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MOORE, WILLIAM, , ,

A. Mailing Address 15301 BURSLEY DR

City
TAMPAState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 16 2025

Transaction ID : SA12.156647793

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

B. Full Name (Last, First, Middle Initial)
ROTHMAN, ROBERT, , ,Mailing Address 101 E KENNEDY BLVD
STE 2100City
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK DIAMOND CAPITALOccupation
CHAIRMAN & CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 22 2025

Transaction ID : SA12.156647790

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

C. Full Name (Last, First, Middle Initial)
STAHL, LEWIS, , ,

Mailing Address 6398 AVALON POINTE CT

City
BOCA RATONState
FLZip Code
33496FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXTGEN MANAGEMENTOccupation
PARTNER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647789

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

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

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

TTF MANAGEMENT, LLC

A.

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		01		2025

Transaction ID : SA12.156647785

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNERSHIP: SEE ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FREDERICK, GABBY, , ,

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

SELF-EMPLOYED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		02		2025

Transaction ID : SA12.156647785.1

Amount of Each Receipt this Period

1750.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNER: TTF MANAGEMENT, LLC

C.

Full Name (Last, First, Middle Initial)

FREDERICK, TOM, , ,

Mailing Address 10705 LAKE ALICE CV

City
ODESSAState
FLZip Code
33556FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SUN PRINT

CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
04		02		2025

Transaction ID : SA12.156647785.2

Amount of Each Receipt this Period

1750.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

PARTNER: TTF MANAGEMENT, LLC

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

VINIK, JEFFREY, , ,

A.

Mailing Address 401 E JACKSON ST
STE 2525City
TAMPAState
FLZip Code
33602FEC ID number of contributing
federal political committee.

C

Name of Employer
TAMPA BAY LIGHTNINGOccupation
CHAIRMAN

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA12.156647788

Amount of Each Receipt this Period

3500.00

☒ Memo Item

JFC TRANSFER: LAUREL LEE VICTORY FUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

93643.48

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1059078.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2252.00

Transaction ID : SB17.1059078

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4503.46

Transaction ID : SB17.1063674

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

8755.46

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AAIM CONSULTING SERVICES, LLC

Mailing Address PO BOX 2244

City
VALRICOState
FLZip Code
33595Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2025.00

Transaction ID : SB17.1069366

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1063047

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1067199

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

2124.90

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.1072373

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

Date of Disbursement

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

City
NEW YORKState
NYZip Code
10285

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16709.16

Transaction ID : SB17.1059426

☐ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

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

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.87

Transaction ID : SB17.1059426.1

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

16759.11

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALLIANZ

Mailing Address 9950 MAYLAND DR

City
RICHMONDState
VAZip Code
23233Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

42.06

Transaction ID : SB17.1059426.2

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLIANZ

Mailing Address 9950 MAYLAND DR

City
RICHMONDState
VAZip Code
23233Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

38.50

Transaction ID : SB17.1059426.3

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLIANZ

Mailing Address 9950 MAYLAND DR

City
RICHMONDState
VAZip Code
23233Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.28

Transaction ID : SB17.1059426.4

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

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

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

45.41

Transaction ID : SB17.1059426.5

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2025

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

24.50

Transaction ID : SB17.1059426.6

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. ALLIANZ

Mailing Address 9950 MAYLAND DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
RICHMONDState
VAZip Code
23233

FEC Identification Number

C

Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.50

Transaction ID : SB17.1059426.7

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

PAGE 160 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

542.96

Transaction ID : SB17.1059426.8

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

597.96

Transaction ID : SB17.1059426.9

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

43.65

Transaction ID : SB17.1059426.10

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

PAGE 161 OF 234

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

261.18

Transaction ID : SB17.1059426.11

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

261.18

Transaction ID : SB17.1059426.12

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

106.00

Transaction ID : SB17.1059426.13

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

106.00

Transaction ID : SB17.1059426.14

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1059426.15

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

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

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.1059426.16

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.1059426.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.1059426.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT: MEMBERSHIP FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 55.00

Transaction ID : SB17.1059426.19

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. APPLE

Mailing Address 1 APPLE PARK WAY

Date of Disbursement

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

City
CUPERTINOState
CAZip Code
95014

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1059426.20

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. BITTERSWEET CATERING

Mailing Address 823 KING STREET

Date of Disbursement

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

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

217.95

Transaction ID : SB17.1059426.21

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

66.60

Transaction ID : SB17.1059426.22

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.60

Transaction ID : SB17.1059426.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

77.37

Transaction ID : SB17.1059426.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

475.17

Transaction ID : SB17.1059426.25

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

34.10

Transaction ID : SB17.1059426.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CELLAR.COM

Mailing Address 300 MASSACHUSETTS AVE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

134.44

Transaction ID : SB17.1059426.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CHIKO

Mailing Address 423 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1364.00

Transaction ID : SB17.1059426.28

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CONGRESSIONAL LIQUOR & DELI

Mailing Address 404 1ST ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.85

Transaction ID : SB17.1059426.29

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. CONGRESSIONAL LIQUOR & DELI

Mailing Address 404 1ST ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

52.46

Transaction ID : SB17.1059426.30

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACTMailing Address 1601 TRAPELO ROAD
SUITE 329

Date of Disbursement

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

City
WALTHAMState
MAZip Code
02451

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

98.81

Transaction ID : SB17.1059426.31

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CORCORAN CATERERS INC

Mailing Address 2401 MONTGOMERY ST

City
SILVER SPRINGState
MDZip Code
20910Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

807.32

Transaction ID : SB17.1059426.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DEAD BOB'S TOO

Mailing Address 3681 S WEST SHORE BLVD

City
TAMPAState
FLZip Code
33629Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.53

Transaction ID : SB17.1059426.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. DOS TOROS

Mailing Address 2401 SMITH BLVD

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

19.03

Transaction ID : SB17.1059426.34

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EL BEBE

Mailing Address 99 M ST SE #120

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

158.14

Transaction ID : SB17.1059426.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. EXXONMOBIL

Mailing Address 339 PENNSYLVANIA AVENUE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:

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

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.1059426.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FLORIDA STRAWBERRY FESTIVAL

Mailing Address 303 BERRYFEST PL

City
PLANT CITYState
FLZip Code
33563Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

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

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

103.00

Transaction ID : SB17.1059426.37

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GEORGE WASHINGTON UNIVERSITYMailing Address 2121 H ST NW
B2 LEVELCity
WASHINGTONState
DCZip Code
20052Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

435.20

Transaction ID : SB17.1059426.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HOTEL SAINT VINCENT

Mailing Address 1507 MAGAZINE ST

City
NEW ORLEANSState
LAZip Code
70130Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

96.79

Transaction ID : SB17.1059426.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOTEL SAINT VINCENT

Mailing Address 1507 MAGAZINE ST

City
NEW ORLEANSState
LAZip Code
70130Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.90

Transaction ID : SB17.1059426.40

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. I EGG YOU

Mailing Address 517 8TH ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2123.75

Transaction ID : SB17.1059426.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. I EGG YOU

Mailing Address 517 8TH ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1364.00

Transaction ID : SB17.1059426.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. JETBLUE

Mailing Address 27-01 QUEENS PLZ N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2025

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2026

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

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

223.30

Transaction ID : SB17.1059426.43

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 27-01 QUEENS PLZ N

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

82.00

Transaction ID : SB17.1059426.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7.46

Transaction ID : SB17.1059426.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

City
TAMPAState
FLZip Code
33602Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

510.01

Transaction ID : SB17.1059426.46

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LE MERIDIEN TAMPA

Mailing Address 601 N FLORIDA AVE

Date of Disbursement

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

City
TAMPAState
FLZip Code
33602

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

381.31

Transaction ID : SB17.1059426.47

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2025

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.15

Transaction ID : SB17.1059426.48

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2025

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.01

Transaction ID : SB17.1059426.49

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.72

Transaction ID : SB17.1059426.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 7750 WISCONSIN AVE

City
BETHESDAState
MDZip Code
20814Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

462.00

Transaction ID : SB17.1059426.51

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MYPLACE SELF STORAGE

Mailing Address 2711 BROADWAY CENTER BLVD

City
BRANDONState
FLZip Code
33510Purpose of Disbursement
STORAGE EXPENSE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

138.36

Transaction ID : SB17.1059426.52

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NAIL SALOON

Mailing Address 740 C ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3264.00

Transaction ID : SB17.1059426.53

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. RONALD REAGAN WASHINGTON NATIONAL AIRPORT

Mailing Address 2401 RONALD REAGAN WASHINGTON

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
TRAVEL: PARKING EXPENSE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.1059426.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SILVER AIRWAYS CORP

Mailing Address 2850 GREENE ST

City
TAMPAState
FLZip Code
33607Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

98.20

Transaction ID : SB17.1059426.55

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SILVER AIRWAYS CORP

Mailing Address 2850 GREENE ST

City
TAMPAState
FLZip Code
33607Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.1059426.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

334.67

Transaction ID : SB17.1059426.57

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

334.67

Transaction ID : SB17.1059426.58

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL: BAGGAGE FEES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.1059426.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
CREDIT: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 286.18

Transaction ID : SB17.1059426.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City
DALLASState
TXZip Code
75235Purpose of Disbursement
CREDIT: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 286.18

Transaction ID : SB17.1059426.61

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STELLAR BAY

Mailing Address 4100 GEORGE J. BEAN PKWY

Date of Disbursement

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

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.54

Transaction ID : SB17.1059426.62

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. TALAY THAI RESTAURANT

Mailing Address 406 1ST ST SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

101.76

Transaction ID : SB17.1059426.63

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. TAMPA INTERNATIONAL AIRPORT

Mailing Address 4100 GEORGE J BEAN PKWY

Date of Disbursement

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

City
TAMPAState
FLZip Code
33607

FEC Identification Number

C

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

76.00

Transaction ID : SB17.1059426.64

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE HAY ADAMS

Mailing Address 800 16TH ST NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

106.90

Transaction ID : SB17.1059426.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. TPA HOSPITALITY PARTNERS

Mailing Address 4100 GEORGE J BEAN PKWY

City
TAMPAState
FLZip Code
33607Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

13.98

Transaction ID : SB17.1059426.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

132.73

Transaction ID : SB17.1059426.67

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

19.96

Transaction ID : SB17.1059426.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 2 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
POSTAGE EXPENSE

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

244.00

Transaction ID : SB17.1059426.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WALTERS SPORTS BAR AND RESTAURANT

Mailing Address 10 N ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

141.24

Transaction ID : SB17.1059426.70

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. X CORPMailing Address 1355 MARKET ST
SUITE 900City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

84.00

Transaction ID : SB17.1059426.71

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3514.50

Transaction ID : SB17.1063662

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.12

Transaction ID : SB17.1063662.1

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

3514.50

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.10

Transaction ID : SB17.1063662.2

☒ Memo Item**B. AMAZON**

Mailing Address 410 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.28

Transaction ID : SB17.1063662.3

☒ Memo Item**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

386.96

Transaction ID : SB17.1063662.4

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2025

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

428.49

Transaction ID : SB17.1063662.5

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. APPLE

Mailing Address 1 APPLE PARK WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2025

City
CUPERTINOState
CAZip Code
95014

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1063662.6

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. BITTERSWEET CATERING

Mailing Address 823 KING STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

263.79

Transaction ID : SB17.1063662.7

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

79.30

Transaction ID : SB17.1063662.8

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

180.97

Transaction ID : SB17.1063662.9

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

101.40

Transaction ID : SB17.1063662.10

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

63.90

Transaction ID : SB17.1063662.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.70

Transaction ID : SB17.1063662.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

71.60

Transaction ID : SB17.1063662.13

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CANVA

Mailing Address 200 EAST 6TH STREET

City
SURREY HILLSState
TXZip Code
78701Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.1063662.14

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CELLAR.COM

Mailing Address 300 MASSACHUSETTS AVE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

143.56

Transaction ID : SB17.1063662.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACTMailing Address 1601 TRAPELO ROAD
SUITE 329City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

98.81

Transaction ID : SB17.1063662.16

☒ Memo Item

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 339 PENNSYLVANIA AVENUE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

102.48

Transaction ID : SB17.1063662.17

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.97

Transaction ID : SB17.1063662.18

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

48.29

Transaction ID : SB17.1063662.19

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

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

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.70

Transaction ID : SB17.1063662.20

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

B. HARRIS TEETER

Mailing Address PO BOX 10100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

City
MATTHEWSState
NCZip Code
28106

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

104.01

Transaction ID : SB17.1063662.21

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Full Name (Last, First, Middle Initial)

C. LOS CABALLEROS

Mailing Address 308 PENNSYLVANIA AVE SE

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

80.52

Transaction ID : SB17.1063662.22

☒ Memo Item

Office Sought:

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

Disbursement For: 2026

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

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.40

Transaction ID : SB17.1063662.23

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.67

Transaction ID : SB17.1063662.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.83

Transaction ID : SB17.1063662.25

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

22.34

Transaction ID : SB17.1063662.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.84

Transaction ID : SB17.1063662.27

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.41

Transaction ID : SB17.1063662.28

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.92

Transaction ID : SB17.1063662.29

☒ Memo Item**B. MYPLACE SELF STORAGE**

Mailing Address 2711 BROADWAY CENTER BLVD

City
BRANDONState
FLZip Code
33510Purpose of Disbursement
STORAGE EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

138.36

Transaction ID : SB17.1063662.30

☒ Memo Item**C. PARAISO**

Mailing Address 1101 PENNSYLVANIA AVE SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

117.00

Transaction ID : SB17.1063662.31

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SCARLET OAK RESTAURANT & BAR

Mailing Address 909 NEW JERSEY AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

56.20

Transaction ID : SB17.1063662.32

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. SCARLET OAK RESTAURANT & BAR

Mailing Address 909 NEW JERSEY AVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.40

Transaction ID : SB17.1063662.33

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2025

City
DALLASState
TXZip Code
75235

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

455.48

Transaction ID : SB17.1063662.34

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TALAY THAI RESTAURANT

Mailing Address 406 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.50

Transaction ID : SB17.1063662.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. TAMPA INTERNATIONAL AIRPORT

Mailing Address 4100 GEORGE J BEAN PKWY

City
TAMPAState
FLZip Code
33607Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

112.00

Transaction ID : SB17.1063662.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH ST

City
BENTONVILLEState
ARZip Code
72716Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35.71

Transaction ID : SB17.1063662.37

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD PAYMENT: SEE ITEMIZED IF REQUIRED

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6546.64

Transaction ID : SB17.1067789

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLIANZ

Mailing Address 9950 MAYLAND DR

City
RICHMONDState
VAZip Code
23233Purpose of Disbursement
TRAVEL INSURANCE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

48.15

Transaction ID : SB17.1067789.1

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

648.96

Transaction ID : SB17.1067789.2

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6546.64

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

City
FORT WORTHState
TXZip Code
76155

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.1067789.3

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. APPLE

Mailing Address 1 APPLE PARK WAY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

City
CUPERTINOState
CAZip Code
95014

FEC Identification Number

C

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.49

Transaction ID : SB17.1067789.4

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

63.90

Transaction ID : SB17.1067789.5

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

56.20

Transaction ID : SB17.1067789.6

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.50

Transaction ID : SB17.1067789.7

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

76.00

Transaction ID : SB17.1067789.8

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

82.60

Transaction ID : SB17.1067789.9

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

58.40

Transaction ID : SB17.1067789.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLFEATHERS ON THE HILL

Mailing Address 410 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

45.00

Transaction ID : SB17.1067789.11

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CANVA

Mailing Address 200 EAST 6TH STREET

City
SURRY HILLSState
TXZip Code
78701Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.1067789.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CHICK-FIL-AMailing Address 671 N GLEBE RD
STE 1270City
ARLINGTONState
VAZip Code
22203Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

448.66

Transaction ID : SB17.1067789.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CHIKO

Mailing Address 423 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

570.37

Transaction ID : SB17.1067789.14

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CHIKO

Mailing Address 423 8TH ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

532.62

Transaction ID : SB17.1067789.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACTMailing Address 1601 TRAPELO ROAD
SUITE 329City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

98.81

Transaction ID : SB17.1067789.16

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EL BEBE

Mailing Address 99 M ST SE #120

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

33.00

Transaction ID : SB17.1067789.17

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. EZCATER INC

Mailing Address 40 WATER ST 5TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2025

City
BOSTONState
MAZip Code
02109

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

385.00

Transaction ID : SB17.1067789.18

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2025

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

23.03

Transaction ID : SB17.1067789.19

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S SHADY GROVE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2025

City
MEMPHISState
TNZip Code
38120

FEC Identification Number

C

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.62

Transaction ID : SB17.1067789.20

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. I EGG YOU

Mailing Address 517 8TH ST SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

787.51

Transaction ID : SB17.1067789.22

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. KAPNOS TAVERNA

Mailing Address 2401 RONALD REAGAN WASHINGTON

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22202

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.53

Transaction ID : SB17.1067789.23

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94107

FEC Identification Number

C

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.80

Transaction ID : SB17.1067789.24

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.96

Transaction ID : SB17.1067789.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

89.17

Transaction ID : SB17.1067789.26

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
SUITE 5000City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

46.22

Transaction ID : SB17.1067789.27

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAILCHIMP LLC

Mailing Address 405 N ANGIER AVE, NE

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.64

Transaction ID : SB17.1067789.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MYPLACE SELF STORAGE

Mailing Address 2711 BROADWAY CENTER BLVD

City
BRANDONState
FLZip Code
33510Purpose of Disbursement
STORAGE EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

138.36

Transaction ID : SB17.1067789.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SINPLICITY CATERING

Mailing Address 6402 ARLINGTON BLVD # B150

City
FALLS CHURCHState
VAZip Code
22042Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

488.36

Transaction ID : SB17.1067789.30

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TALAY THAI RESTAURANT

Mailing Address 406 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.25

Transaction ID : SB17.1067789.31

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. TALAY THAI RESTAURANT

Mailing Address 406 1ST ST SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2025

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.33

Transaction ID : SB17.1067789.32

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. THE PRESS BOX

Mailing Address 222 S DALE MABRY HWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2025

City
TAMPAState
FLZip Code
33609

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

95.89

Transaction ID : SB17.1067789.33

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE PRESS BOX

Mailing Address 222 S DALE MABRY HWY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

City
TAMPAState
FLZip Code
33609

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.76

Transaction ID : SB17.1067789.34

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.40

Transaction ID : SB17.1067789.35

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. TUNE INN RESTAURANT & BAR

Mailing Address 331 1/2 PENNSYLVANIA AVE. SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.50

Transaction ID : SB17.1067789.36

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WHITE ELEPHANT

Mailing Address 280 SUNSET AVE

City
PALM BEACHState
FLZip Code
33480Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

559.35

Transaction ID : SB17.1067789.37

☒ Memo Item**B. WHITE ELEPHANT**

Mailing Address 280 SUNSET AVE

City
PALM BEACHState
FLZip Code
33480Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

559.35

Transaction ID : SB17.1067789.38

☒ Memo Item**C. YARDS LOT F PARKING**

Mailing Address 1254 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.1067789.39

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE

Mailing Address 251 H ST NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.1064429

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE

Mailing Address 251 H ST NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.50

Transaction ID : SB17.1067205

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT, INC.Mailing Address 1340 POYDRAS STREET
SUITE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.1059028

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

65.80

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BARTLINSKI, BETTY, GRACE, ,Mailing Address 949 FIRST STREET SE
APT 513City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1060659

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARTLINSKI, BETTY, GRACE, ,Mailing Address 949 FIRST STREET SE
APT 513City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1063612

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BASCOM COMMUNICATIONS & CONSULTING, LLC

Mailing Address 217 SOUTH ADAMS STREET

City
TALLAHASSEEState
FLZip Code
32301Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

232.00

Transaction ID : SB17.1061406

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2232.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BEER INSTITUTE PAC

Mailing Address 405 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: MEAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.75

Transaction ID : SB17.1070908

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BERKE FARAH LLPMailing Address 701 8TH STREET, NW
SUITE 620City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3350.00

Transaction ID : SB17.1066728

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BERKE FARAH LLPMailing Address 701 8TH STREET, NW
SUITE 620City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2120.00

Transaction ID : SB17.1069682

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5499.75

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BGR GOVERNMENT AFFAIRS, LLC

Mailing Address PO BOX 14416

City
WASHINGTONState
DCZip Code
20044Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.1066835

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

467.05

Transaction ID : SB17.1061560

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

88.00

Transaction ID : SB17.1065660

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

805.05

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
EVENT EXPENSE: CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

175.60

Transaction ID : SB17.1070314

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.05

Transaction ID : SB17.1068517

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.1069695

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

215.65

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 237 FLORIDA AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.1070457

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEUSENBERRY, MEGAN, , ,Mailing Address 10 K ST. SE
APT. 705City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1060658

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEUSENBERRY, MEGAN, , ,Mailing Address 10 K ST. SE
APT. 705City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.26

Transaction ID : SB17.1063611

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1057.26

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GRAND VALLEY CONSULTING, LLC

Mailing Address 1931 BEAVER LANE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12264.85

Transaction ID : SB17.1063347

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRAND VALLEY CONSULTING, LLC

Mailing Address 1931 BEAVER LANE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6161.70

Transaction ID : SB17.1067538

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUSTO

Mailing Address 525 20TH ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1059051

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

18481.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1064300

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH ST

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.00

Transaction ID : SB17.1068430

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1057143

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2110.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.1063653

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOFFMAN, LANDON, , ,

Mailing Address 2023 MIDDLEWOOD DR

City
TALLAHASSEEState
FLZip Code
32312Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1067800

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOTEL HAYA

Mailing Address 1412 E 7TH AVE

City
TAMPAState
FLZip Code
33605Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.1061412

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HOTEL HAYA

Mailing Address 1412 E 7TH AVE

City
TAMPAState
FLZip Code
33605Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5311.00

Transaction ID : SB17.1067174

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POWELL, JARED, , ,Mailing Address 1520 INDEPENDENCE AVE SE
APT 203City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

333.30

Transaction ID : SB17.1061057

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POWELL, JARED, , ,Mailing Address 1520 INDEPENDENCE AVE SE
APT 203City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
GENERAL CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.1060982

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6644.30

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SUITE 401City
BEVERLYState
MAZip Code
01915Purpose of Disbursement
DATA PROCESSING SERVICES & POSTAGE EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

109.20

Transaction ID : SB17.1057226

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SUITE 401City
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6160.38

Transaction ID : SB17.1068266

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLICAN JEWISH COALITION - POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.1059030

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6299.58

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. REPUBLICAN MAIN STREET PARTNERSHIP

Mailing Address 411 NEW JERSEY AVENUE SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.1056692

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. REPUBLICAN MAIN STREET PARTNERSHIP

Mailing Address 411 NEW JERSEY AVENUE SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

345.00

Transaction ID : SB17.1066629

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. S. WHITE STRATEGIES, LLCMailing Address 525 MONTGOMERY ST
UNIT 343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

325.00

Transaction ID : SB17.1060651

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

970.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE ELEVATED GROUP LLCMailing Address 225 I STREET NE
APT 1007City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

702.28

Transaction ID : SB17.1068198

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.74

Transaction ID : SB17.1060047

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.70

Transaction ID : SB17.1060048

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

825.72

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

24.23

Transaction ID : SB17.1060049

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

161.51

Transaction ID : SB17.1061550

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.68

Transaction ID : SB17.1061552

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

224.42

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

155.45

Transaction ID : SB17.1063041

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.46

Transaction ID : SB17.1063396

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.81

Transaction ID : SB17.1066272

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

271.72

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. VALERO SERVICES, INC.

Mailing Address PO BOX 696000

City
SAN ANTONIOState
TXZip Code
78249Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.1066628

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

217.09

Transaction ID : SB17.1058695

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.62

Transaction ID : SB17.1059779

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

420.71

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.58

Transaction ID : SB17.1059970

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.20

Transaction ID : SB17.1060364

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

198.95

Transaction ID : SB17.1060572

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

203.73

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.08

Transaction ID : SB17.1060779

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.18

Transaction ID : SB17.1060972

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1062011

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20.96

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1062416

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1062665

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.40

Transaction ID : SB17.1062951

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

98.50

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.40

Transaction ID : SB17.1064087

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

21.55

Transaction ID : SB17.1064271

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.37

Transaction ID : SB17.1064363

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

72.32

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

55.50

Transaction ID : SB17.1064647

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1064831

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

41.63

Transaction ID : SB17.1065012

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

116.83

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 234

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.20

Transaction ID : SB17.1065542

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

59.10

Transaction ID : SB17.1066007

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.00

Transaction ID : SB17.1066517

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

91.30

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1067403

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

216.70

Transaction ID : SB17.1068073

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.65

Transaction ID : SB17.1069060

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

238.05

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.21

Transaction ID : SB17.1069268

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1069460

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.95

Transaction ID : SB17.1069629

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24.86

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

54.53

Transaction ID : SB17.1070273

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1071090

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.70

Transaction ID : SB17.1071505

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

93.93

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 234

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BLVD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.90

Transaction ID : SB17.1071887

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

137.90

TOTAL This Period (last page this line number only).....▶

90922.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 234

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CORCORAN, MICHAEL, , ,

Mailing Address 7746 STILL LAKES DR

City
ODESSAState
FLZip Code
33556Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20A.1066931

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GULF STREAM LLC

Mailing Address 209B 140TH AVE E

City
MADEIRA BEACHState
FLZip Code
33708Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20A.1066928

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

1000.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 234 OF 234

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

LAUREL LEE FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AAIM CONSULTING SERVICES, LLC

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address PO BOX 2244

City

VALRICO

State

FL

Zip Code

33595

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.16144

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BASCOM COMMUNICATIONS & CONSULTING, LLC

Nature of Debt (Purpose):

COMMUNICATIONS CONSULTING

Mailing Address 217 SOUTH ADAMS STREET

City

TALLAHASSEE

State

FL

Zip Code

32301

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.16054

Amount Incurred This Period

0.00

Payment This Period

232.00

Outstanding Balance at Close of This Period

2268.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PROSEQUENCE, LLC

Nature of Debt (Purpose):

GENERAL POLITICAL CONSULTING

Mailing Address PO BOX 10666

City

TALLAHASSEE

State

FL

Zip Code

32302

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

1) **SUBTOTALS** This Period This Page (optional)

9768.00

2) **TOTALS** This Period (last page this line number only)

9768.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

9768.00