

**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

FRIENDS OF JON THORP

ADDRESS (number and street)

513 MEMORIAL BLVD

PMB 114

Springfield

TN

37172

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00900480

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

07

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

2025

through

M M /

D D /

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 THORP, JONATHAN, , ,

Signature of Treasurer

THORP, JONATHAN, , ,

Date

M M /

D D /

Y Y Y Y

10

15

2025

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF JON THORP

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	6005.00	7391.95
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6005.00	7391.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6244.94	7331.89
(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))	6244.94	7331.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	60.06	
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)	20300.00	

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

FRIENDS OF JON THORP

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

5750.00

5750.00

(ii) Unitemized

255.00

555.00

(iii) TOTAL of contributions
from individuals ▶

6005.00

6305.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

1086.95

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

6005.00

7391.95

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

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)..... ▶

6005.00

7391.95

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.....	6244.94	7331.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6244.94	7331.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	300.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6005.00
25. SUBTOTAL (add Line 23 and Line 24).....	6305.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6244.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	60.06

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 9

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

Lewis, Thomas, , ,

A.

Mailing Address 91 Paxton House Dr

City

Buena Vista

State

VA

Zip Code

24416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Thorp, Roger, , ,

Mailing Address 250 Oak St

City

Fairburn

State

SD

Zip Code

57738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

3500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Zeitz, Paul, , ,

Mailing Address 9601 Dewitt Dr

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnifyUSA

Occupation

Advocate

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

5750.00

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

5750.00

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

PAGE 6 OF 9

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

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

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Blvd

City
AtlantaState
GAZip Code
30354Purpose of Disbursement
Airfare

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-Primary

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

832.72

Transaction ID : SB17.4196

☐ Memo Item**B. NXTGEN Agency**

Mailing Address 2245 South 65th St

City
West AllisState
WIZip Code
53219Purpose of Disbursement
Website Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-Primary

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4171

☐ Memo Item**C. Small Town Startup**

Mailing Address 101 5th Ave West

City
SpringfieldState
TNZip Code
37172Purpose of Disbursement
Office Expense

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-Primary

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4164

☐ Memo Item

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

3082.72

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)

PAGE 7 OF 9

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

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

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

A. Small Town Startup

Mailing Address 101 5th Ave West

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2025

City
SpringfieldState
TNZip Code
37172

FEC Identification Number

C

Purpose of Disbursement
Office Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

241.94

Transaction ID : SB17.4166

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary	☐ General
☒ Other (specify) ▼	

State:

District:

Special-Primary

Full Name (Last, First, Middle Initial)

B. Small Town Startup

Mailing Address 101 5th Ave West

Date of Disbursement

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

City
SpringfieldState
TNZip Code
37172

FEC Identification Number

C

Purpose of Disbursement
Office Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4167

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary	☐ General
☒ Other (specify) ▼	

State:

District:

Special-Primary

Full Name (Last, First, Middle Initial)

C. Sprout SocialMailing Address 131 S Dearborn St
Ste 7866

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2025

City
ChicagoState
ILZip Code
60603

FEC Identification Number

C

Purpose of Disbursement
Media

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

273.28

Transaction ID : SB17.4199

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2025

☐ Primary	☐ General
☒ Other (specify) ▼	

State:

District:

Special-Primary

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

1265.22

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 8 OF 9

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

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

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

A. Sunbelt StrategiesMailing Address 270 Trace Colony Park Dr
Ste BCity
RidgelandState
MSZip Code
39157Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-Primary

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4173

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	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:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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).....▶

1500.00

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

5847.94

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

PAGE 9 OF 9

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

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

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

Kleier Brothers Creative

Nature of Debt (Purpose):

Multimedia Services

Mailing Address 1100 5th Ave

City

Los Angeles

State

CA

Zip Code

90019

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4203

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

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

Maefly Strategies

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address PO Box 439

City

Harrisburg

State

PA

Zip Code

17108

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4205

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

NXTGEN Agency

Nature of Debt (Purpose):

Website Services

Mailing Address 2245 South 65th St

City

West Allis

State

WI

Zip Code

53219

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4207

Amount Incurred This Period

300.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

1) **SUBTOTALS** This Period This Page (optional)

20300.00

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

20300.00

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)

20300.00