

**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

DR SAM FOR CONGRESS

ADDRESS (number and street)

1050 JOHNNIE DODDS BLVD

#341

Check if different
than previously
reported. (ACC)

MOUNT PLEASANT

SC

29465

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00919068

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

SC

01

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 /

05

D D /

21

Y Y Y Y /

2026

through

M M /

06

D D /

30

Y Y Y Y /

2026

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

Type or Print Name of Treasurer

Cuddy, Brian, , Dr.,

Signature of Treasurer

Cuddy, Brian, , Dr.,

Date

M M /

07

D D /

15

Y Y Y Y /

2026

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

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

DR SAM FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

	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))	13795.82	343684.74
(b) Total Contribution Refunds (from Line 20(d))	4000.00	4574.24
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	9795.82	339110.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	402993.48	1231571.34
(b) Total Offsets to Operating Expenditures (from Line 14)	2150.00	3006.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	400843.48	1228564.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	27896.38	
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)	929100.09	

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

DR SAM FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
05 / 21 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

7128.57

314734.14

(ii) Unitemized

167.25

2450.60

(iii) TOTAL of contributions
from individuals ▶

7295.82

317184.74

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

6500.00

26500.00

(d) The Candidate

0.00

0.00

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

13795.82

343684.74

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1249100.09

(b) All Other Loans.....

0.00

0.00

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

0.00

1249100.09

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

2150.00

3006.90

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)..... ▶

15945.82

1595791.73

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.....	402993.48	1231571.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	320000.00	320000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	320000.00	320000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1500.00	2074.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4000.00	4574.24
21. OTHER DISBURSEMENTS	25.00	11749.77
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	727018.48	1567895.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	738969.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15945.82
25. SUBTOTAL (add Line 23 and Line 24).....	754914.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	727018.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27896.38

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 5 OF 35

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

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

NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Brymer, Ashley, Brooke, ,

A.

Mailing Address 1843 Village Crossing Dr

City

Charleston

State

SC

Zip Code

29492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

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 27 2026

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Kaming, Joseph, , ,

B.

Mailing Address 26 Willow Oak Rd W

City

Hilton Head Island

State

SC

Zip Code

29928

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 ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 05 2026

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period

520.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

Martin, Allen, , ,

C.

Mailing Address 10095 Lawyers Rd

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Livingston Group

Occupation

Man Partner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2082.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2026

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

2082.03

☐ Memo Item

6102.54

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)

PAGE 6 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Tucker, Scott, , ,

A.

Mailing Address 12 34th Avenue

City

Isle Of Palms

State

SC

Zip Code

29451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planet Technologies

Occupation
President

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 21 2026

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wyld, Timothy, , ,

B.

Mailing Address 214 Havenview Lane

City

Okatie

State

SC

Zip Code

29909

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 ▼

208.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 02 2026

Transaction ID : SA11AI.5174

Amount of Each Receipt this Period

26.03

☐ 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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

1026.03

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

7128.57

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 7 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

A.

Mailing Address PO BOX 1131

City

GREENVILLE

State

NC

Zip Code

27835

FEC ID number of contributing
federal political committee.

C C00697649

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 03 2026

Transaction ID : SA11C.5063

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

B.

Mailing Address PO BOX 1131

City

GREENVILLE

State

NC

Zip Code

27835

FEC ID number of contributing
federal political committee.

C C00697649

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
06 03 2026

Transaction ID : SA11C.5066

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MIKE KENNEDY FOR UTAH

C.

Mailing Address 55 N MERCHANT STREET
#1324

City

AMERICAN FORK

State

UT

Zip Code

84003

FEC ID number of contributing
federal political committee.

C C00864488

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 26 2026

Transaction ID : SA11C.5059

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

4500.00

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

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

PAGE 8 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

MIKE KENNEDY FOR UTAH

A.Mailing Address 55 N MERCHANT STREET
#1324

City

AMERICAN FORK

State

UT

Zip Code

84003

FEC ID number of contributing
federal political committee.**C** C00864488

Name of Employer

Occupation

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID : SA11C.5060

Amount of Each Receipt this Period

2000.00

☐ Memo Item**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)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2000.00

6500.00

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 9 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)
Burr & Forman LLP

Mailing Address 1221 Main St
Ste 1800

City
Columbia

State
SC

Zip Code
29201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2026

Transaction ID : SA14.5177

Amount of Each Receipt this Period

2150.00

☐ Memo Item
Refund of Legal Fees

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 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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

2150.00

2150.00

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

PAGE 10 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

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
0	5		2	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

127604.77

Transaction ID : SB17.5081

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

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
0	5		2	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

14925.00

Transaction ID : SB17.5082

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Media Group

Mailing Address 815 Slaters Ln

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
TV Advertising

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
0	6		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

128054.77

Transaction ID : SB17.5091

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

270584.54

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 11 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Political/Admin 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
0	5		2	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5095

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

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
0	5		2	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

156.82

Transaction ID : SB17.5096

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Political / Admin 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
0	6		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5162

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

4656.82

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 12 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Capers Island Consulting LLCMailing Address 1240 Fairmont Ave
Unit 17City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Mileage

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
0	6		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

117.08

Transaction ID : SB17.5160

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Circle K

Mailing Address 2701 S Irby St

City
FlorenceState
SCZip Code
29505Purpose of Disbursement
Travel Expense

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
0	5		2	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

39.21

Transaction ID : SB17.5083

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Circle K

Mailing Address 2701 S Irby St

City
FlorenceState
SCZip Code
29505Purpose of Disbursement
Travel Expense

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
0	6		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

78.43

Transaction ID : SB17.5106

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

234.72

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 13 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Circle K

Mailing Address 2701 S Irby St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2026

City
FlorenceState
SCZip Code
29505

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

130.95

Transaction ID : SB17.5132

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Drake Strategies

Mailing Address 730 Natchez Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Political/Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6500.00

Transaction ID : SB17.5094

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Drake Strategies

Mailing Address 730 Natchez Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Political / Admin Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3250.00

Transaction ID : SB17.5163

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

9880.95

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 14 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DR SAM FOR CONGRESSMailing Address 1050 JOHNNIE DODDS BLVD
#341City
MOUNT PLEASANTState
SCZip Code
29465Purpose of Disbursement
Campaign Worker

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: SC District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2026

FEC Identification Number

C C00919068

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5143

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Fundraising/Admin Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.5130

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eleven17 Consulting LLC

Mailing Address 730 Natchez Cir

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Fundraising Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1914.70

Transaction ID : SB17.5131

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

7664.70

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 15 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Exxon Mobil

Mailing Address 1227 King St

City
CharlestonState
SCZip Code
29403Purpose of Disbursement
Travel Expense

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
0	6		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

80.60

Transaction ID : SB17.5092

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Exxon Mobil

Mailing Address 1227 King St

City
CharlestonState
SCZip Code
29403Purpose of Disbursement
Travel Expense

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
0	6		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

130.99

Transaction ID : SB17.5108

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Exxon Mobil

Mailing Address 1227 King St

City
CharlestonState
SCZip Code
29403Purpose of Disbursement
Travel Expense

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
0	6		1	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

110.03

Transaction ID : SB17.5133

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

321.62

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 16 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. First Reliance Bank

Mailing Address 800 S Shellmore Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2026

City
Mt PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

162.50

Transaction ID : SB17.5137

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. FP1 Strategies LLCMailing Address 3000 Washington Blvd
7th Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2026

City
ArlingtonState
VAZip Code
22201

FEC Identification Number

C

Purpose of Disbursement
TV Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.5115

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Fresh Market

Mailing Address 1118 Bowman Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

221.42

Transaction ID : SB17.5116

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

10383.92

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 17 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Fresh Market

Mailing Address 1118 Bowman Rd

Date of Disbursement

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

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.35

Transaction ID : SB17.5121

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. InField Strategies

Mailing Address 333 H St Ste 5000

Date of Disbursement

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

City
Chula VistaState
CAZip Code
91910

FEC Identification Number

C

Purpose of Disbursement
Canvassing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15025.00

Transaction ID : SB17.5152

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Lane Properties

Mailing Address 746 Saint Andrews Blvd

Date of Disbursement

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

City
CharlestonState
SCZip Code
29407

FEC Identification Number

C

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.5097

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

15175.35

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 18 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Markwald, Maxwell, , ,

Mailing Address 384 Rice Hope Dr

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Campaign Worker

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
05		30		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1350.00

Transaction ID : SB17.5101

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Markwald, Maxwell, , ,

Mailing Address 384 Rice Hope Dr

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Campaign Worker

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		16		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.5135

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Martin, Wesley, , ,

Mailing Address 3020 Allen Rd

City
EffinghamState
SCZip Code
29541Purpose of Disbursement
Campaign Worker

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
05		30		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5107

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

5450.00

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 19 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Martin, Wesley, , ,

Mailing Address 3020 Allen Rd

City
EffinghamState
SCZip Code
29541Purpose of Disbursement
Reimbursement: See Below

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
0	6		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

92.24

Transaction ID : SB17.5109

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCOWN, SAM DR, , ,Mailing Address 1050 JOHNNIE DODDS BLVD
#341City
MOUNT PLEASANTState
SCZip Code
29465Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: SC

District: 01

Date of Disbursement

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

FEC Identification Number

C H6SC01276

Amount of Each Disbursement this Period

387.12

Transaction ID : SB17.5119

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. O'Brion Pub & Grille

Mailing Address 361 N Shelmore

City
Mount PleasantState
SCZip Code
29464Purpose of Disbursement
Meals

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
0	6		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

66.16

Transaction ID : SB17.5118

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

545.52

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 20 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Parker's Kitchen

Mailing Address 6 Barrel Landing Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2026

City
OkatieState
SCZip Code
29969Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

84.87

Transaction ID : SB17.5110

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Political Financial Management, LLCMailing Address 95 White Bridge Rd
Ste 207

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2026

City
NashvilleState
TNZip Code
37205Purpose of Disbursement
Compliance/Accounting

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5099

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Political Financial Management, LLCMailing Address 95 White Bridge Rd
Ste 207

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2026

City
NashvilleState
TNZip Code
37205Purpose of Disbursement
Compliance / Accounting

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5161

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

3084.87

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 21 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Publix

Mailing Address 10 Westedge St Ste 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2026

City
CharlestonState
SCZip Code
29403Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

235.75

Transaction ID : SB17.5120

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Push Digital Group

Mailing Address 342 East Bay St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2026

City
CharlestonState
SCZip Code
29401Purpose of Disbursement
Digital Media Buy

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5080

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Push Digital Group

Mailing Address 342 East Bay St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2026

City
CharlestonState
SCZip Code
29401Purpose of Disbursement
Digital/Admin Consulting

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5089

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

5235.75

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 22 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Shell Gas

Mailing Address 699 Long Point Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

78.84

Transaction ID : SB17.5125

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Shell Gas

Mailing Address 699 Long Point Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2026

City
Mount PleasantState
SCZip Code
29464

FEC Identification Number

C

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

23.13

Transaction ID : SB17.5126

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Tractor Supply

Mailing Address 4765 North Hwy 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2026

City
AwendawState
SCZip Code
29429

FEC Identification Number

C

Purpose of Disbursement
Sign Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

251.36

Transaction ID : SB17.5075

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

353.33

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 23 OF 35

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 1050 Johnnie Dodds Blvd

City
Mount PleasantState
SCZip Code
29465Purpose of Disbursement
PO Box Fee

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
0	6		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

78.00

Transaction ID : SB17.5093

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Text Messaging

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
0	5		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1850.88

Transaction ID : SB17.5090

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Radio Advertising

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
0	6		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5098

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

2678.88

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 24 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Printing

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
0	6		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1358.00

Transaction ID : SB17.5103

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Direct Mail

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
0	6		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

57411.06

Transaction ID : SB17.5134

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Political/Admin 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
0	6		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5122

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

62769.06

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 25 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Text Messaging

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
0	6		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1669.84

Transaction ID : SB17.5123

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Text Messaging

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
0	6		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1589.84

Transaction ID : SB17.5124

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Digital Advertising

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
0	6		1	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.5127

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

3459.68

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 26 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Victory Enterprises, Inc.

Mailing Address 5200 30th St SW

City
DavenportState
IAZip Code
52802Purpose of Disbursement
Website Expenses

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
0	6		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.5164

☐ 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).....▶

50.00

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

402529.71

**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 27 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MCCOWN, SAM DR, , ,Mailing Address 1050 JOHNNIE DODDS BLVD
#341City
MOUNT PLEASANTState
SCZip Code
29465Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 02 / 2026

FEC Identification Number

C H6SC01276

Amount of Each Disbursement this Period

250000.00

Transaction ID : SB19A.5105

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCOWN, SAM DR, , ,Mailing Address 1050 JOHNNIE DODDS BLVD
#341City
MOUNT PLEASANTState
SCZip Code
29465Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 10 / 2026

FEC Identification Number

C H6SC01276

Amount of Each Disbursement this Period

70000.00

Transaction ID : SB19A.5129

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

320000.00

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

320000.00

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

PAGE 28 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Willis, Scott, , ,

Mailing Address 6112 Josie Ridge Rd

City
Wadmalaw IslandState
SCZip Code
29487Purpose of Disbursement
Refund of General Contribution

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
0	6		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB20A.5071

☐ 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).....▶

1500.00

**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 29 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS

Mailing Address PO BOX 1131

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2026

City
GREENVILLEState
NCZip Code
27835

FEC Identification Number

☒ C00697649Purpose of Disbursement
Refund of General Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20C.5074

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 03

Full Name (Last, First, Middle Initial)

B. MIKE KENNEDY FOR UTAHMailing Address 55 N MERCHANT STREET
#1324

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2026

City
AMERICAN FORKState
UTZip Code
84003

FEC Identification Number

☒ C00864488Purpose of Disbursement
Refund of General Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB20C.5073

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT

District: 04

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

☒ C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

2500.00

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

2500.00

**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 30 OF 35

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Beaufort County Republican PartyMailing Address 149 Riverwalk Blvd
Ste 11City
RidgelandState
SCZip Code
29936Purpose of Disbursement
Event Fees

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
0	5		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB21.5088

☐ 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).....▶

25.00

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

25.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 35

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 18 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 35

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.09

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.09

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 25 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.09

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 35

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

765000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

765000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

765000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 35

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4410

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

134000.00

Cumulative Payment To Date

70000.00

Balance Outstanding at Close of This Period

64000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 30 / 2025

M M / D D / Y Y Y Y

1/31/2045

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

64000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 35 OF 35

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4599

DR SAM FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

250000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

01/31/2039

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

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

929100.09

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