

**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

LaMonica McIver for Congress

ADDRESS (number and street)

PO Box 25585

Check if different  
than previously  
reported. (ACC)

Newark

NJ

07101

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00878603

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

NJ

10

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

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer MCIVER, LASHEA, , ,

Signature of Treasurer

MCIVER, LASHEA, , ,

Date

M M / D D / Y Y Y Y

01 / 05 / 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

LaMonica McIver for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....   | 147390.39               | 977169.58                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 130.00                  | 1841.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 147260.39               | 975328.58                          |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 98385.41                | 441103.57                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....  | 679.73                  | 689.73                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 97705.68                | 440413.84                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....   | 668535.63               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LaMonica McIver for Congress

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).....

35472.20

138959.70

(ii) Unitemized .....

67418.19

536809.88

(iii) TOTAL of contributions  
from individuals ▶

102890.39

675769.58

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

44500.00

301400.00

(d) The Candidate .....

0.00

0.00

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

147390.39

977169.58

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.) .....

679.73

689.73

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)..... ▶

148070.12

977859.31

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 98385.41                      | 441103.57                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 130.00                        | 1841.00                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 130.00                        | 1841.00                            |
| 21. OTHER DISBURSEMENTS .....  | 9400.00                       | 70583.76                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 107915.41                     | 513528.33                          |

## **III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 628380.92 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 148070.12 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 776451.04 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 107915.41 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 668535.63 |

# **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 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ABRAMS, STACEY, , ,

A.

Mailing Address 1180 W PEACHTREE ST., STE. 1650

City  
ATLANTA

State  
GA

Zip Code  
30309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAGE WORKS PRODUCTIONS

Occupation  
CEO

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  
09 03 2025

Transaction ID : SA11AI.74730

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

128313.84

Date of Receipt

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

Transaction ID : SA11AI.74730.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

ACREE, LISA, , ,

C.

Mailing Address 701 RHODE ISLAND ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT 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 Y Y  
08 19 2025

Transaction ID : SA11AI.74855

Amount of Each Receipt this Period

500.00

☐ Memo Item

DEMOCRACYENGINE

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

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

1500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.74855

DEMOCRACYENGINE

Form/Schedule:  
Transaction ID:

# **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 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACREE, LISA, , ,

**A.**

Mailing Address 701 RHODE ISLAND ST

City

SAN FRANCISCO

State

CA

Zip Code

94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
08 21 2025

Transaction ID : SA11AI.74858

Amount of Each Receipt this Period

500.00

☐ Memo Item

DEMOCRACYENGINE

Full Name (Last, First, Middle Initial)

ARKIN, CITRIN COOPERMAN, , ,

**B.**

Mailing Address 1990 S.BUNDY DRIVE, #850

City

LOS ANGELES

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ACTOR/DIRECTOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2025

Transaction ID : SA11AI.74754

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110863.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2025

Transaction ID : SA11AI.74754.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

750.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.74858

DEMOCRACYENGINE

Form/Schedule:  
Transaction ID:



# **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  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

AVERY, JADE, , ,

**A.**

Mailing Address 910 WEST HURON STREET, UNIT 1208

City

CHICAGO

State

IL

Zip Code

60642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.70063

Amount of Each Receipt this Period

150.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

131563.84

Date of Receipt

M M / D D / Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.70063.0

Amount of Each Receipt this Period

150.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BATOR, PAUL, , ,

**C.**

Mailing Address 109 TAMPA BLVD

City

ARDEN

State

NC

Zip Code

28704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2025

Transaction ID : SA11AI.70102

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

250.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113118.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2025

Transaction ID : SA11AI.70102.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BELLUSCI, JANET, , ,

**B.**

Mailing Address 274 UNION CENTER ROAD

City

ULSTER PARK

State

NY

Zip Code

12487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

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  
09 06 2025

Transaction ID : SA11AI.74732

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

130988.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 06 2025

Transaction ID : SA11AI.74732.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

**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 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

BLOCK, VALERIE, , ,

**A.**

Mailing Address 50 GLENWOOD ROAD

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
WRITER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.74752

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110351.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.74752.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BLOCK, VALERIE, , ,

**C.**

Mailing Address 50 GLENWOOD ROAD

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
WRITER

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  
09 02 2025

Transaction ID : SA11AI.74734

Amount of Each Receipt this Period

750.00

☐ Memo Item

Contribution earmarked through ActBlue.

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 128

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

127228.84

Date of Receipt

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

Transaction ID : SA11AI.74734.0

Amount of Each Receipt this Period

750.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

**B.**

Full Name (Last, First, Middle Initial)

BOGER, DAVID, , ,

Mailing Address 3669 RUSSELL BLVD.

City

SAINT LOUIS

State

MO

Zip Code

63110

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

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.71901

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

**C.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

108801.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.71901.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

10.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

BOGER, DAVID, , ,

**A.**

Mailing Address 3669 RUSSELL BLVD.

City

SAINT LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.72041

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112398.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.72041.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BOGER, DAVID, , ,

**C.**

Mailing Address 3669 RUSSELL BLVD.

City

SAINT LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2025

Transaction ID : SA11AI.70772

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

35.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C**

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

113143.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2025

Transaction ID : SA11AI.70772.0

Amount of Each Receipt this Period

25.00



Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BOGER, DAVID, , ,

**B.**

Mailing Address 3669 RUSSELL BLVD.

City

SAINT LOUIS

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.72371

Amount of Each Receipt this Period

10.00



Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C**

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

127313.84

Date of Receipt

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

Transaction ID : SA11AI.72371.0

Amount of Each Receipt this Period

10.00



Memo Item

Total earmarked through conduit. Limit not affected.

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

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

10.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

BRAZILE, DONNA, , ,

**A.**

Mailing Address 4507 ARGYLE TERRACE, NW

City

WASHINGTON

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABC NEWS

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.70075

Amount of Each Receipt this Period

125.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

131413.84

Date of Receipt

M M / D D / Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.70075.0

Amount of Each Receipt this Period

125.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BROWNELL, ANNE, , ,

**C.**

Mailing Address 99 MAPLE SPRINGS RD.

City

WAREHAM

State

MA

Zip Code

02571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

LMHC, VMTR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.70250

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

175.00

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110101.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.70250.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BROWNELL, ANNE, , ,

**B.**

Mailing Address 99 MAPLE SPRINGS RD.

City

WAREHAM

State

MA

Zip Code

02571

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF

LMHC, VMTR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

662.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70147

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118968.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70147.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

100.00



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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

BUHLER, LYNN, , ,

**A.**

Mailing Address 601 N EUTAW ST, APT 704

City

BALTIMORE

State

MD

Zip Code

21201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TPAG

Occupation

THERAPIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 26 2025

Transaction ID : SA11AI.70058

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112848.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 26 2025

Transaction ID : SA11AI.70058.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BURCKHARDT, JACOB, , ,

**C.**

Mailing Address 781.5 MONTGOMERY ST.

City

JERSEY CITY

State

NJ

Zip Code

07306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRATT INSTITUTE

Occupation

PROFESSOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2025

Transaction ID : SA11AI.70132

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

116791.34

Date of Receipt

M M / D D / Y Y Y Y  
08 22 2025

**Transaction ID : SA11AI.70132.0**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

BURLEW, KATHY, , ,

**B.**

Mailing Address 6353 IRIS

City

CINCINNATI

State

OH

Zip Code

45213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

UC

COLLEGE PROFESSOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 07 2025

**Transaction ID : SA11AI.74768**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133063.84

Date of Receipt

M M / D D / Y Y Y Y  
09 07 2025

**Transaction ID : SA11AI.74768.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

CLAY, SONYA, , ,

**A.**

Mailing Address 1116 7TH STREET NE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN ACADEMY OF FAMILY PHYSICIAN

Occupation

LOBBYIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.74771

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

141137.04

Date of Receipt

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

Transaction ID : SA11AI.74771.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

COOK, KENNETH, , ,

**C.**

Mailing Address 2258 COURTNEY CIRCLE COURT

City

ANN ARBOR

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLAT ROCK METAL

Occupation

ENGINEER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 10 2025

Transaction ID : SA11AI.70234

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

300.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

108791.34

Date of Receipt

M M / D D / Y Y Y Y  
07 10 2025

Transaction ID : SA11AI.70234.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**B.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City

SAN DIEGO

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

301.50

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2025

Transaction ID : SA11AI.70186

Amount of Each Receipt this Period

76.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

107888.84

Date of Receipt

M M / D D / Y Y Y Y  
07 01 2025

Transaction ID : SA11AI.70186.0

Amount of Each Receipt this Period

76.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

76.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**A.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City

SAN DIEGO

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2025

Transaction ID : SA11AI.71554

Amount of Each Receipt this Period

12.50



Memo Item

Contribution earmarked through ActBlue.

**B.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

110363.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2025

Transaction ID : SA11AI.71554.0

Amount of Each Receipt this Period

12.50



Memo Item

Total earmarked through conduit. Limit not affected.

**C.**

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

Mailing Address 4349 MOUNT JEFFERS AVENUE

City

SAN DIEGO

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.70703

Amount of Each Receipt this Period

25.00



Memo Item

Contribution earmarked through ActBlue.

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

37.50

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112388.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.70703.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**B.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City

SAN DIEGO

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2025

Transaction ID : SA11AI.71123

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112868.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2025

Transaction ID : SA11AI.71123.0

Amount of Each Receipt this Period

20.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

20.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**A.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City  
SAN DIEGO

State  
CA

Zip Code  
92117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y  
08 16 2025

Transaction ID : SA11AI.70832

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

115691.34

Date of Receipt

M M / D D / Y Y Y Y  
08 16 2025

Transaction ID : SA11AI.70832.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**C.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City  
SAN DIEGO

State  
CA

Zip Code  
92117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y  
08 27 2025

Transaction ID : SA11AI.71274

Amount of Each Receipt this Period

15.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

40.00

**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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118556.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 27 2025

Transaction ID : SA11AI.71274.0

Amount of Each Receipt this Period

15.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

CRARY, JILL, , ,

**B.**

Mailing Address 4349 MOUNT JEFFERS AVENUE

City

SAN DIEGO

State

CA

Zip Code

92117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70930

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118768.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70930.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

25.00



# **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 25 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

CROCKETT, ALAN, , ,

**A.**

Mailing Address 65 MELVIN COURT

City

OAKLAND

State

CA

Zip Code

94602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70088

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

111013.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70088.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

CROCKETT, ALAN, , ,

**C.**

Mailing Address 65 MELVIN COURT

City

OAKLAND

State

CA

Zip Code

94602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.70171

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

200.00

# **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 26 OF 128

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133748.84

Date of Receipt

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

Transaction ID : SA11AI.70171.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

DELANEY, QUINN, , ,

**B.**

Mailing Address 436 14TH STREET, SUITE 1417

City

OAKLAND

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

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  
09 29 2025

Transaction ID : SA11AI.74727

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

139519.91

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.74727.0

Amount of Each Receipt this Period

3500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

3500.00

# **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 27 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

DOOLEY-SAMMULI, MARGARET, , ,

**A.**

Mailing Address 7965 GLENDA WAY

City  
SAN DIEGO

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A NEW WAY OF LIFE REENTRY PROJECT

Occupation  
CHIEF STRATEGIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 24 2025

Transaction ID : SA11AI.70273

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112363.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 24 2025

Transaction ID : SA11AI.70273.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

DOUGLAS, DEB, , ,

**C.**

Mailing Address 3800 SMOOTH ROCK CT

City  
CHARLOTTE

State  
NC

Zip Code  
28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74759

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

300.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

115666.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74759.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

DRIEHAUS, ELIZABETH, , ,

**B.**

Mailing Address 21 JOHN STREET

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2025

Transaction ID : SA11AI.71698

Amount of Each Receipt this Period

12.50

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118718.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2025

Transaction ID : SA11AI.71698.0

Amount of Each Receipt this Period

12.50

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

12.50

# **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 29 OF 128

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

DRIEHAUS, ELIZABETH, , ,

**A.**

Mailing Address 21 JOHN STREET

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2025

Transaction ID : SA11AI.70430

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

133148.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2025

Transaction ID : SA11AI.70430.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

DRIEHAUS, ELIZABETH, , ,

**C.**

Mailing Address 21 JOHN STREET

City

BROOKLINE

State

MA

Zip Code

02446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2025

Transaction ID : SA11AI.73691

Amount of Each Receipt this Period

5.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

55.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 128

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133753.84

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.73691.0

Amount of Each Receipt this Period

5.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

**B.**

Full Name (Last, First, Middle Initial)

DRIEHAUS, ELIZABETH, , ,

Mailing Address 21 JOHN STREET

City

BROOKLINE

State

MA

Zip Code

02446

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

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.71759

Amount of Each Receipt this Period

12.50

☐ Memo Item

Contribution earmarked through ActBlue.

**C.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135919.91

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.71759.0

Amount of Each Receipt this Period

12.50

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

12.50

# **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 31 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

EGAN, BRIAN, , ,

**A.**

Mailing Address 6121 ETERNAL OCEAN PL

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
09 04 2025

Transaction ID : SA11AI.74731

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution earmarked through ActBlue.

**B.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

129488.84

Date of Receipt

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

Transaction ID : SA11AI.74731.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

**C.**

Full Name (Last, First, Middle Initial)

EGAN, BRIAN, , ,

Mailing Address 6121 ETERNAL OCEAN PL

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 10 2025

Transaction ID : SA11AI.72472

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

1010.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

Fernandez, Tania, , ,

**A.**

Mailing Address 446 South Parkway

City

Clifton

State

NJ

Zip Code

07014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.70108

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

113766.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.70108.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

FOX, ROBERTA, , ,

**C.**

Mailing Address 34 RENEE TERRACE

City

NEWTON CENTRE

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 24 2025

Transaction ID : SA11AI.71067

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

125.00



# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135207.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 24 2025

Transaction ID : SA11AI.71067.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

FOX, ROBERTA, , ,

**B.**

Mailing Address 34 RENEE TERRACE

City

NEWTON CENTRE

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.72556

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

140172.76

Date of Receipt

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

Transaction ID : SA11AI.72556.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

10.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

GIACOMO, LINDA, , ,

**A.** Mailing Address 428 S 2ND ST UNIT 529

City

MINNEAPOLIS

State

MN

Zip Code

55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT 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 Y Y  
08 22 2025

Transaction ID : SA11AI.74742

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.** Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

117291.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2025

Transaction ID : SA11AI.74742.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

Goldman, Irene, , ,

**C.** Mailing Address 45 Nursery Rd

City

Ewing

State

NJ

Zip Code

08560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1186.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70090

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

600.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

111163.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70090.0

Amount of Each Receipt this Period

100.00



Memo Item

Total earmarked through conduit. Limit not affected.

**B.**

Full Name (Last, First, Middle Initial)

GONZALES, MARC, , ,

Mailing Address 1358 JACKSON STREET, NE

City

WASHINGTON

State

DC

Zip Code

20017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

AT&T

ASSISTANT 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  
07 14 2025

Transaction ID : SA11AI.74736

Amount of Each Receipt this Period

500.00



Memo Item

Contribution earmarked through ActBlue.

**C.**

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

109301.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2025

Transaction ID : SA11AI.74736.0

Amount of Each Receipt this Period

500.00



Memo Item

Total earmarked through conduit. Limit not affected.

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

GREENE, DAVID, , ,

**A.**

Mailing Address PO BOX 628

City

CITY OF ORANGE

State

NJ

Zip Code

07051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2025

Transaction ID : SA11AI.74073

Amount of Each Receipt this Period

2.50

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

108391.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2025

Transaction ID : SA11AI.74073.0

Amount of Each Receipt this Period

2.50

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

GREENE, DAVID, , ,

**C.**

Mailing Address PO BOX 628

City

CITY OF ORANGE

State

NJ

Zip Code

07051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

302.50

Date of Receipt

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

Transaction ID : SA11AI.70151

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

102.50

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

128488.84

Date of Receipt

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

**Transaction ID : SA11AI.70151.0**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

HAEGELIN, GLORIA, , ,

**B.**

Mailing Address 756 20TH AVE

City

CLARKSTON

State

WA

Zip Code

99403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2025

**Transaction ID : SA11AI.71040**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133088.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2025

**Transaction ID : SA11AI.71040.0**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

25.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

HUNT-SCOTT, SHANNON, , ,

**A.**

Mailing Address PO BOX 1513

City

LOS GATOS

State

CA

Zip Code

95031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE SCOTT FOUNDATION

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1428.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2025

Transaction ID : SA11AI.74728

Amount of Each Receipt this Period

1428.57

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135182.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2025

Transaction ID : SA11AI.74728.0

Amount of Each Receipt this Period

1428.57

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

IMCDONALD RIVET, KRISTEN, , ,

**C.**

Mailing Address 2600 CENTER AVE

City

BAY CITY

State

MI

Zip Code

48708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US HOUSE

Occupation

MEMBER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2025

Transaction ID : SA11AI.74762

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

1678.57

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 128

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

117541.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2025

**Transaction ID : SA11AI.74762.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

JACKSON, LETETIA, , ,

**B.**

Mailing Address 900 EAST BUNCHE STREET

City

DOTHAN

State

AL

Zip Code

36303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2025

**Transaction ID : SA11AI.74766**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

132563.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2025

**Transaction ID : SA11AI.74766.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

250.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

JACKSON, THOMAS, , ,

**A.**

Mailing Address 1102 FT. FISHER BLVD. N

City

CAROLINA BEACH

State

NC

Zip Code

28428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 27 2025

Transaction ID : SA11AI.70178

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

135407.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 27 2025

Transaction ID : SA11AI.70178.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

JONES-BURTON, CHARLOTTE, , ,

**C.**

Mailing Address 50 VALLEY WOOD DR

City

SOMERSET COUNTY

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.74765

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

350.00

**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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

132313.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.74765.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

JURVETSON, KARLA, , ,

**B.**

Mailing Address 350 SECOND ST, #4

City

LOS ALTOS

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF

PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.74860

Amount of Each Receipt this Period

250.00

☐ Memo Item

DEMOCRACYENGINE

Full Name (Last, First, Middle Initial)

KENNY, KATHARINE, , ,

**C.**

Mailing Address 308 SANDALWOOD DRIVE

City

HENRICO

State

VA

Zip Code

23229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 17 2025

Transaction ID : SA11AI.74760

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

500.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.74860

DEMOCRACYENGINE

Form/Schedule:  
Transaction ID:

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

116441.34

Date of Receipt

M M / D D / Y Y Y Y  
08 17 2025

**Transaction ID : SA11AI.74760.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

KIRBY, DEBORAH, , ,

**B.**

Mailing Address 13 ALBATROSS DRIVE

City

LEDYARD

State

CT

Zip Code

06339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 17 2025

**Transaction ID : SA11AI.74761**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

116691.34

Date of Receipt

M M / D D / Y Y Y Y  
08 17 2025

**Transaction ID : SA11AI.74761.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

250.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

KNAPP, SHANNON, , ,

**A.**

Mailing Address 7043 MEADOWS TOWN ROAD

City

MARSHALL

State

NC

Zip Code

28753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

EQUINE THERAPIST

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 09 2025

Transaction ID : SA11AI.70079

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

108741.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 09 2025

Transaction ID : SA11AI.70079.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

KOTAY, MARCI, , ,

**C.**

Mailing Address 1835 SPRUCE ST

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

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 Y  
08 17 2025

Transaction ID : SA11AI.74741

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

600.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

116191.34

Date of Receipt

M M / D D / Y Y Y Y Y  
08 17 2025

Transaction ID : SA11AI.74741.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

LAURENSEN, CARY, , ,

**B.**

Mailing Address 12022 CHESTER CREEK ROAD

City

JACKSONVILLE

State

FL

Zip Code

32218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SHOPCHEVYPARTS.COM

Occupation

MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.74764

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

129988.84

Date of Receipt

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

Transaction ID : SA11AI.74764.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

250.00

# **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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

LESESNE, CARMEN, , ,

**A.**

Mailing Address 1255 WILMINGTON PIKE

City

WEST CHESTER

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASD

Occupation

EDUCATOR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.74767

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

132813.84

Date of Receipt

M M / D D / Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.74767.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

LINDSAY, ELLYN, , ,

**C.**

Mailing Address 9323 DUXBURY ROAD

City

LOS ANGELES

State

CA

Zip Code

90034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
08 25 2025

Transaction ID : SA11AI.74729

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

1250.00

**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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118541.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 25 2025

Transaction ID : SA11AI.74729.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

LURINSKY, MARK, , ,

**B.**

Mailing Address 231 GROVE STREET

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.70183

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

136019.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.70183.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

100.00

**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                           |                             |

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

LYERLY, LINDA, , ,

**A.**

Mailing Address 100 ALA HOKU PL.

City

LAHAINA

State

HI

Zip Code

96761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.70446

Amount of Each Receipt this Period

50.00



Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

135307.41

Date of Receipt

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

Transaction ID : SA11AI.70446.0

Amount of Each Receipt this Period

50.00



Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MAINOR, CRAIG, , ,

**C.**

Mailing Address 300 WASHINGTON AVE

City

UNION

State

NJ

Zip Code

07083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONPROFIT

Occupation

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 |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

Transaction ID : SA11AI.74738

Amount of Each Receipt this Period

500.00



Memo Item

Contribution earmarked through ActBlue.

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

550.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 128

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

111663.84

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 3 |   | 2 | 0 | 5 |   |

Transaction ID : SA11AI.74738.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

B.

Full Name (Last, First, Middle Initial)

Mapp, Adrian, , ,

Mailing Address 535 West 8th Street

City

Plainfield

State

NJ

Zip Code

07060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CITY OF ORANGE TOWNSHIP, NJ

FINANCE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 5 |   |

Transaction ID : SA11AI.74737

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

109801.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 5 |   |

Transaction ID : SA11AI.74737.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

500.00

# **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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

MARTIN, CHARLOTTE, , ,

**A.**

Mailing Address 9374 CADDYSHACK CIRCLE

City

ST. LOUIS

State

MO

Zip Code

63127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 06 2025

Transaction ID : SA11AI.74749

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

131288.84

Date of Receipt

M M / D D / Y Y Y Y Y  
09 06 2025

Transaction ID : SA11AI.74749.0

Amount of Each Receipt this Period

300.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MCCAFFREY, SHANE, , ,

**C.**

Mailing Address 51 WEST CLAY AVENUE

City

ROSELLE PARK

State

NJ

Zip Code

07204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARCH INSURANCE

Occupation

UNDERWRITER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.74756

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

550.00

**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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113393.84

Date of Receipt

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

Transaction ID : SA11AI.74756.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MCCAFFREY, SHANE, , ,

**B.**

Mailing Address 51 WEST CLAY AVENUE

City

ROSELLE PARK

State

NJ

Zip Code

07204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

ARCH INSURANCE

UNDERWRITER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 29 2025

Transaction ID : SA11AI.70145

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

MCGARVEY, SHARON, , ,

**C.**

Mailing Address 272 WEST 107 TH STREET, APT 15A

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

DBRS MORNINGSTAR

ANALYST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72337

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

110.00

**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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118978.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72337.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MCGARVEY, SHARON, , ,

**B.**

Mailing Address 272 WEST 107 TH STREET, APT 15A

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

DBRS MORNINGSTAR

ANALYST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

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

Transaction ID : SA11AI.70949

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

127303.84

Date of Receipt

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

Transaction ID : SA11AI.70949.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

25.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

MCKELLAR, MARIE, , ,

**A.**

Mailing Address 425 DAVIS STREET UNIT 626

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
07 23 2025

Transaction ID : SA11AI.74739

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112163.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.74739.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MCKELLAR, MARIE, , ,

**C.**

Mailing Address 425 DAVIS STREET UNIT 626

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
08 31 2025

Transaction ID : SA11AI.74743

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

**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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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

119478.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.74743.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MENAKER, THOMAS, , ,

**B.**

Mailing Address 27 HIGH TOR RD

City

NEW CITY

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

SELF-EMPLOYED

PSYCHOLOGIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

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

Transaction ID : SA11AI.70944

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

127253.84

Date of Receipt

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

Transaction ID : SA11AI.70944.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

25.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

MOERSDORF, LISA, , ,

**A.**

Mailing Address 4230 DOUGLASTON PKWY

City

DOUGLASTON

State

NY

Zip Code

11363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT 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 Y Y  
08 15 2025

Transaction ID : SA11AI.74740

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

115166.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74740.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

MORANDO, MARTA, , ,

**C.**

Mailing Address 4744 E. ROADRUNNER PLACE

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

405.00

Date of Receipt

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

Transaction ID : SA11AI.74757

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

750.00

**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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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113643.84

Date of Receipt

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

Transaction ID : SA11AI.74757.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

NAPPI, CHIARA, , ,

**B.**

Mailing Address 126 CLOVER LN

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 14 2025

Transaction ID : SA11AI.74769

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133398.84

Date of Receipt

M M / D D / Y Y Y Y  
09 14 2025

Transaction ID : SA11AI.74769.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

250.00



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

PAGE 57 OF 128

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ODUFUYE, YEMI, , ,

**A.**

Mailing Address 19423 ASHER MEADOWS DR

City  
CYPRESSState  
TXZip Code  
77433FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NITIUMOccupation  
ACCOUNTANT

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.74763

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City  
SOMERVILLEState  
MAZip Code  
02144FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

129738.84

Date of Receipt

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

Transaction ID : SA11AI.74763.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

OUGH, JAMES, , ,

**C.**

Mailing Address 1402 ATWELL ROAD

City  
EL CERRITOState  
CAZip Code  
94530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
JADE NECKLACE, LLC

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

357.14

Date of Receipt

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

Transaction ID : SA11AI.74746

Amount of Each Receipt this Period

357.14

☐ Memo Item

Contribution earmarked through ActBlue.

607.14

**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 58 OF 128

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

139877.05

Date of Receipt

M M / D D / Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.74746.0

Amount of Each Receipt this Period

357.14

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

PAMS LIST

**B.**

Mailing Address 146 NOTH AVE

City

FANWOOD

State

NJ

Zip Code

07023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y  
09 21 2025

Transaction ID : SA11AI.75047

Amount of Each Receipt this Period

333.00

☐ Memo Item

Verified contribution comprised of federally permissible funds

Full Name (Last, First, Middle Initial)

PEREILLO, KATHLEEN, , ,

**C.**

Mailing Address 523 WEST MAIN STREET

City

ROCKAWAY

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

DOCTOR OF CHIROPRACTIC

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74758

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

583.00

**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 59 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

115416.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74758.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

POCOCK, MARYANN, , ,

**B.**

Mailing Address 14 HIBBEN PLACE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70261

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

111063.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70261.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

50.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

QUILLIN, PATTY, , ,

**A.**

Mailing Address 849 ALMAR AVE, SUITE C 523

City

SANTA CRUZ

State

CA

Zip Code

95060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

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  
09 02 2025

Transaction ID : SA11AI.74726

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

126478.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11AI.74726.0

Amount of Each Receipt this Period

7000.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

QUILLIN, PATTY, , ,

**C.**

Mailing Address 849 ALMAR AVE, SUITE C 523

City

SANTA CRUZ

State

CA

Zip Code

95060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11AI.74781

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

Redesignate: Contribution earmarked through ActBlue.  
C00026

**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)  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

QUILLIN, PATTY, , ,

**A.**

Mailing Address 849 ALMAR AVE, SUITE C 523

City

SANTA CRUZ

State

CA

Zip Code

95060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 02 2025

Transaction ID : SA11AI.74782

Amount of Each Receipt this Period

3500.00

☒ Memo Item

Redesignate: QUILLIN, PATTY

Full Name (Last, First, Middle Initial)

REDMOND, WALTER, , ,

**B.**

Mailing Address 2005 OVERTON DRIVE

City

FORESTVILLE

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70148

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

118868.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.70148.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

100.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

RIESMAN, JEAN, , ,

**A.**

Mailing Address PO BOX 4208

City

MIDDLETOWN

State

RI

Zip Code

02842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.74755

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112648.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2025

Transaction ID : SA11AI.74755.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

ROBBINS, LEONARD, , ,

**C.**

Mailing Address 90 PLYMOUTH AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCAL INITIATIVES SUPPORT CORPORATIO

Occupation

LENDER

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  
07 01 2025

Transaction ID : SA11AI.74735

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

750.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

108388.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 01 2025

Transaction ID : SA11AI.74735.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

RODGERS, CAROL, , ,

**B.**

Mailing Address 9544 DUNKERRIN WAY

City

ELK GROVE

State

CA

Zip Code

95758

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 30 2025

Transaction ID : SA11AI.70101

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113018.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 30 2025

Transaction ID : SA11AI.70101.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

100.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

RODGERS, CAROL, , ,

**A.**

Mailing Address 9544 DUNKERRIN WAY

City

ELK GROVE

State

CA

Zip Code

95758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.50

Date of Receipt

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

Transaction ID : SA11AI.70397

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

128388.84

Date of Receipt

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

Transaction ID : SA11AI.70397.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

ROGOVIN, PAULA, , ,

**C.**

Mailing Address 625 LINDEN AVENUE

City

TEANECK

State

NJ

Zip Code

07666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT 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 Y  
07 20 2025

Transaction ID : SA11AI.70249

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

100.00

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



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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110051.34

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.70249.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SCAPIN, JANET KANE, , ,

**B.**

Mailing Address 284 HARDENBURGH AVENUE

City

DEMAREST

State

NJ

Zip Code

07627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70260

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110913.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 23 2025

Transaction ID : SA11AI.70260.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

50.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

SCAPIN, JANET KANE, , ,

**A.** Mailing Address 284 HARDENBURGH AVENUE

City  
DEMAREST

State  
NJ

Zip Code  
07627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72340

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.** Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118733.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72340.0

Amount of Each Receipt this Period

10.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SCAPIN, JANET KANE, , ,

**C.** Mailing Address 284 HARDENBURGH AVENUE

City  
DEMAREST

State  
NJ

Zip Code  
07627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72350

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

20.00

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

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

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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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

118743.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.72350.0

Amount of Each Receipt this Period

10.00



Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SCHLEIMER, CATHERINE, , ,

**B.**

Mailing Address 19218 OAK VIEW TERRACE

City

HOUSTON

State

TX

Zip Code

77094

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

233.00

Date of Receipt

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

Transaction ID : SA11AI.70447

Amount of Each Receipt this Period

50.00



Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

135257.41

Date of Receipt

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

Transaction ID : SA11AI.70447.0

Amount of Each Receipt this Period

50.00



Memo Item

Total earmarked through conduit. Limit not affected.

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

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

50.00

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

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for each category of the  
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(check only one)

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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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

SCHOLTEN, ANNE, , ,

**A.** Mailing Address 16080 BROOKDALE DR

City  
GUERNEVILLE

State  
CA

Zip Code  
95446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : SA11AI.71660

Amount of Each Receipt this Period

12.50

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.** Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

113666.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : SA11AI.71660.0

Amount of Each Receipt this Period

12.50

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SCHOLTEN, ANNE, , ,

**C.** Mailing Address 16080 BROOKDALE DR

City  
GUERNEVILLE

State  
CA

Zip Code  
95446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.73537

Amount of Each Receipt this Period

5.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

17.50

**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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118723.84

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2025

Transaction ID : SA11AI.73537.0

Amount of Each Receipt this Period

5.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SCHOLTEN, ANNE, , ,

**B.**

Mailing Address 16080 BROOKDALE DR

City

GUERNEVILLE

State

CA

Zip Code

95446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.50

Date of Receipt

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

Transaction ID : SA11AI.70958

Amount of Each Receipt this Period

25.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

128338.84

Date of Receipt

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

Transaction ID : SA11AI.70958.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

25.00

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

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for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

SPURR, CHARLES, , ,

**A.**

Mailing Address 139 BROADWAY ST

City

WAKEFIELD

State

MA

Zip Code

01880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

SOFTWARE ENGINEER, RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : SA11AI.70094

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

112313.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2025

Transaction ID : SA11AI.70094.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

SPURR, CHARLES, , ,

**C.**

Mailing Address 139 BROADWAY ST

City

WAKEFIELD

State

MA

Zip Code

01880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

SOFTWARE ENGINEER, RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2025

Transaction ID : SA11AI.70136

Amount of Each Receipt this Period

100.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

200.00

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118706.34

Date of Receipt

M M / D D / Y Y Y Y Y  
08 27 2025

Transaction ID : SA11AI.70136.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

STEPHANIE LINKE, ANITA, , ,

**B.**

Mailing Address 46 LINE RD.

City

HOLMDEL

State

NJ

Zip Code

07733

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

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  
08 15 2025

Transaction ID : SA11AI.74733

Amount of Each Receipt this Period

900.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

114666.34

Date of Receipt

M M / D D / Y Y Y Y Y  
08 15 2025

Transaction ID : SA11AI.74733.0

Amount of Each Receipt this Period

900.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

SWIG, MARY, , ,

**A.**

Mailing Address 1834 CALIFORNIA STREET

City

SAN FRANCISCO

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
DESIGNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

357.14

Date of Receipt

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

Transaction ID : SA11AI.74748

Amount of Each Receipt this Period

357.14

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

140887.04

Date of Receipt

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

Transaction ID : SA11AI.74748.0

Amount of Each Receipt this Period

357.14

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

TAYLOR, BRADFORD, , ,

**C.**

Mailing Address 3866 COHO CIRCLE

City

FOREST GROVE

State

OR

Zip Code

97116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2025

Transaction ID : SA11AI.74753

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

607.14



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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110613.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2025

**Transaction ID : SA11AI.74753.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

THOMAS, MARIA, , ,

**B.**

Mailing Address 1021 PEIDMONT AVE NE

City

PALM BAY

State

FL

Zip Code

32907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

MARICO CONSULTING

CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2025

**Transaction ID : SA11AI.74770**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

133648.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2025

**Transaction ID : SA11AI.74770.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

TURNER, KAREN, , ,

**A.**

Mailing Address 6521 3RD ST NW

City

WASHINGTON

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOWARD UNIVERSITY

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 Y  
09 07 2025

Transaction ID : SA11AI.74744

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

132063.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 07 2025

Transaction ID : SA11AI.74744.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

VALK, CHRIS, , ,

**C.**

Mailing Address 12 SURREY WAY

City

PITTSOWN

State

NJ

Zip Code

08867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUNTERDON MEDICAL CENTER

Occupation

SOCIAL WORKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.74751

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution earmarked through ActBlue.

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

108641.34

Date of Receipt

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

Transaction ID : SA11AI.74751.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

VIVIANO, JESSE, , ,

**B.**

Mailing Address 2599 EVANS RD APT 316

City

MORRISVILLE

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

VERIZON BUSINESS

SECURITY ANALYST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 24 2025

Transaction ID : SA11AI.70274

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112213.84

Date of Receipt

M M / D D / Y Y Y Y Y  
07 24 2025

Transaction ID : SA11AI.70274.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

50.00

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

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for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

WALK, CYNTHIA, , ,

**A.** Mailing Address 5959 WAVERLY AVE

City

LA JOLLA

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT 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 Y Y  
07 20 2025

Transaction ID : SA11AI.70057

Amount of Each Receipt this Period

200.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.** Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110001.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2025

Transaction ID : SA11AI.70057.0

Amount of Each Receipt this Period

200.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

WALKER, LESLIE, , ,

**C.** Mailing Address 201 ISLAND VIEW RD, #1292

City

EASTSOUND

State

WA

Zip Code

98245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

357.14

Date of Receipt

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

Transaction ID : SA11AI.74747

Amount of Each Receipt this Period

357.14

☐ Memo Item

Contribution earmarked through ActBlue.

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

557.14

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

140529.90

Date of Receipt

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

Transaction ID : SA11AI.74747.0

Amount of Each Receipt this Period

357.14

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

WIELKOPOLSKI, RONALD, , ,

**B.**

Mailing Address 15700 STANWOOD CIRCLE

City

ANCHORAGE

State

AK

Zip Code

99516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

NOT EMPLOYED

NOT EMPLOYED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 27 2025

Transaction ID : SA11AI.70291

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**C.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

112918.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 27 2025

Transaction ID : SA11AI.70291.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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

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

50.00

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

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

WIELKOPOLSKI, RONALD, , ,

**A.** Mailing Address 15700 STANWOOD CIRCLE

City  
ANCHORAGE

State  
AK

Zip Code  
99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 27 2025

Transaction ID : SA11AI.70367

Amount of Each Receipt this Period

50.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

ACTBLUE

**B.** Mailing Address PO BOX 441146

City  
SOMERVILLE

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

118606.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 27 2025

Transaction ID : SA11AI.70367.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

YEHL, TIM, , ,

**C.** Mailing Address 7002 BRAEBURN

City  
BETHESDA

State  
MD

Zip Code  
20617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

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  
07 22 2025

Transaction ID : SA11AI.75029

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

550.00

**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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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)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

**ZAHLER, RICHARD, , ,**

**A.** Mailing Address 17609 SE FISHER DR

City

VANCOUVER

State

WA

Zip Code

98683

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RWZ LLC

Occupation

MEMBER

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  
09 27 2025

Transaction ID : SA11AI.74745

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**ACTBLUE**

**B.** Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C**

C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135907.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 27 2025

Transaction ID : SA11AI.74745.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

**ZIMMER, GEORGE, , ,**

**C.** Mailing Address P.O. BOX 7150

City

FREMONT

State

CA

Zip Code

94537

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GENERATION TUX

Occupation

ENTREPRENEUR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.74750

Amount of Each Receipt this Period

285.71

☐ Memo Item

Contribution earmarked through ActBlue.

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

785.71

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

140162.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : SA11AI.74750.0

Amount of Each Receipt this Period

285.71

☒ Memo Item

Total earmarked through conduit. Limit not affected.

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)..... ▶

0.00

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

35472.20



# **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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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

ACTBLUE

**A.**

Mailing Address PO BOX 441146

City

SOMERVILLE

State

MA

Zip Code

02144

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

140162.76

Date of Receipt

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

Transaction ID : SA11C.74664

Amount of Each Receipt this Period

66554.97

☒ Memo Item

Total unitemized earmarked through conduit. Limit not affected

Full Name (Last, First, Middle Initial)

AHORA PAC

**B.**

Mailing Address 300 TIJERAS AVENUE NE  
100

City

ALBUQUERQUE

State

NM

Zip Code

87102

FEC ID number of contributing  
federal political committee.

**C** C00764753

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  
08 19 2025

Transaction ID : SA11C.74955

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AIR LINE PILOTS ASSOCIATION PAC

**C.**

Mailing Address 7950 JONES BRANCH DRIVE  
400S

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

**C** C00035451

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 Y  
08 19 2025

Transaction ID : SA11C.75042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2000.00

**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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PAGE 82 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A.** Mailing Address 1625 L STREET NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7500.00

Date of Receipt

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

Transaction ID : SA11C.74963

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMITTEE ON POLITICAL EDUCATION**

**B.** Mailing Address 555 NEW JERSEY AVE NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00157545

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 Y  
09 23 2025

Transaction ID : SA11C.74985

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ANIMAL WELLNESS ACTION PAC**

**C.** 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  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.75048

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)..... ►

6000.00

**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 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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

A PLEASANT PENINSULA PAC

A. Mailing Address 1030 15TH ST NW #404

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00841908

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  
09 09 2025

Transaction ID : SA11C.74969

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 750 9TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00194746

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  
08 10 2025

Transaction ID : SA11C.75039

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC

Mailing Address PO BOX 1566

City

INDIO

State

CA

Zip Code

92202

FEC ID number of contributing  
federal political committee.

C C00569871

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  
07 15 2025

Transaction ID : SA11C.75024

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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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

**ELIZABETH PANNILL FLETCHER FOR CONGRESS**

**A.**

Mailing Address 3262 WESTHEIMER RD  
#636

City  
HOUSTON

State  
TX

Zip Code  
77098

FEC ID number of contributing  
federal political committee.

**C** C00640045

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  
07 16 2025

**Transaction ID : SA11C.74893**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**GABE AMO FOR CONGRESS**

**B.**

Mailing Address PO BOX 40457

City  
PROVIDENCE

State  
RI

Zip Code  
02940

FEC ID number of contributing  
federal political committee.

**C** C00838060

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  
07 03 2025

**Transaction ID : SA11C.74872**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**HIGHER HEIGHTS FOR AMERICA PAC**

**C.**

Mailing Address 147 PRINCE STREET  
SUITE 30

City  
BROOKLYN

State  
NY

Zip Code  
11201

FEC ID number of contributing  
federal political committee.

**C** C00566067

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  
09 30 2025

**Transaction ID : SA11C.75015**

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)..... ►

5000.00

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)  
**HOULAPAC**

Mailing Address PO BOX 65322

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20035**

FEC ID number of contributing  
federal political committee.

**C** C00708636

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  
09 25 2025

Transaction ID : SA11C.75002

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)  
**LARSON FOR CONGRESS**

Mailing Address PO BOX 261172

City  
**HARTFORD**

State  
**CT**

Zip Code  
**06126**

FEC ID number of contributing  
federal political committee.

**C** C00330142

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  
07 15 2025

Transaction ID : SA11C.75036

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)  
**MANNION FOR NEW YORK**

Mailing Address PO BOX 11131

City  
**SYRACUSE**

State  
**NY**

Zip Code  
**13218**

FEC ID number of contributing  
federal political committee.

**C** C00845461

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  
07 15 2025

Transaction ID : SA11C.75027

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 RECEIPTS**Use 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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

MARCH ON PAC

A.

Mailing Address 2001 L STREET, NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20036FEC ID number of contributing  
federal political committee.

C C00748228

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  
09 08 2025

Transaction ID : SA11C.74967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

NANCY PELOSI FOR CONGRESS

Mailing Address 1032 15TH STREET NW  
SUITE 247City  
WASHINGTONState  
DCZip Code  
20005FEC ID number of contributing  
federal political committee.

C C00213512

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  
09 30 2025

Transaction ID : SA11C.74994

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 1000 WILSON BLVD  
SUITE 1890City  
ARLINGTONState  
VAZip Code  
22209FEC ID number of contributing  
federal political committee.

C C00005249

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  
09 25 2025

Transaction ID : SA11C.74845

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEMOCRACYENGINE

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

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

4000.00

**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 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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

NATIONAL TREASURY EMPLOYEES UNION POLITICAL ACTION COMMITTEE

A.

Mailing Address 800 K ST NW  
SUITE 1000City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C C00107128

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  
09 30 2025

Transaction ID : SA11C.75045

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

PAC TO THE FUTURE

Mailing Address 1032 15TH STREET NW  
SUITE 247City  
WASHINGTONState  
DCZip Code  
20005FEC ID number of contributing  
federal political committee.

C C00344234

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 Y Y  
09 30 2025

Transaction ID : SA11C.75013

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

PUBLIC SERVICE ENTERPRISE GROUP INC. POLITICAL ACTION COMMITTEE (PEGPAC)

Mailing Address 80 PARK PLAZA

City  
NEWARKState  
NJZip Code  
07102FEC ID number of contributing  
federal political committee.

C C00383489

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  
07 22 2025

Transaction ID : SA11C.75031

Amount of Each Receipt this Period

1500.00

☐ Memo Item

7500.00

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 88 OF 128

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

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NAME OF COMMITTEE (In Full)

**LaMonica McIver for Congress**

Full Name (Last, First, Middle Initial)

**SERVICE FIRST PAC**

**A.**

Mailing Address 946 BANDMANN TRAIL

City  
MISSOULA

State  
MT

Zip Code  
59802

FEC ID number of contributing  
federal political committee.

**C** C00727784

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  
07 15 2025

**Transaction ID : SA11C.75022**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**SUA SPONTE PAC**

**B.**

Mailing Address 122 C STREET NW  
SUITE 360

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00894220

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  
09 17 2025

**Transaction ID : SA11C.74981**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**UNITED AIRLINES, INC. POLITICAL ACTION COMMITTEE (UAPAC)**

**C.**

Mailing Address 233 S. WACKER  
HDQGV

City  
CHICAGO

State  
IL

Zip Code  
60606

FEC ID number of contributing  
federal political committee.

**C** C00101766

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  
07 15 2025

**Transaction ID : SA11C.75020**

Amount of Each Receipt this Period

1000.00

☐ 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 128

|                              |                              |   |                              |                             |
|------------------------------|------------------------------|---|------------------------------|-----------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

VOTE MAMA

A.

Mailing Address 445 BROAD HOLLOW RD  
STE 25 #19City  
MELVILLEState  
NYZip Code  
11747FEC ID number of contributing  
federal political committee.

C C00692137

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  
09 30 2025

Transaction ID : SA11C.75010

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

VOTE MAMA

Mailing Address 445 BROAD HOLLOW RD  
STE 25 #19City  
MELVILLEState  
NYZip Code  
11747FEC ID number of contributing  
federal political committee.

C C00692137

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8500.00

Date of Receipt

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

Transaction ID : SA11C.75011

Amount of Each Receipt this Period

3500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City  
BENTONVILLEState  
ARZip Code  
72716FEC ID number of contributing  
federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 22 2025

Transaction ID : SA11C.75030

Amount of Each Receipt this Period

1000.00

☐ Memo Item

9500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 128

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

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUND

Mailing Address 701 PENNSYLVANIA AVE., NW  
SUITE 590City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C C00119008

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  
08 15 2025

Transaction ID : SA11C.75043

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

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)..... ▶

44500.00

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

PAGE 91 OF 128

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

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

WASHINGTON DC NOMA HOTEL

A.

Mailing Address 1222 FIRST ST NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

679.73

Date of Receipt

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

Transaction ID : SA14.75008

Amount of Each Receipt this Period

679.73

☐ Memo Item

REFUNDED LODGING/HOTEL FEES

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y 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)..... ▶

679.73

679.73

**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 92 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 7 |   | 0 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

357.16

Transaction ID : SB17.74843

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 7 |   | 1 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

110.92

Transaction ID : SB17.74842

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

333.85

Transaction ID : SB17.74841

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

801.93

**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 93 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 7 |   | 2 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

552.74

Transaction ID : SB17.74840

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 8 |   | 0 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

415.56

Transaction ID : SB17.74839

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 8 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

41.26

Transaction ID : SB17.74838

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

1009.56

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

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

PAGE 94 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 8 |   | 1 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

397.79

Transaction ID : SB17.74836

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 8 |   | 2 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

325.75

Transaction ID : SB17.74835

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 8 |   | 3 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

449.73

Transaction ID : SB17.74834

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

1173.27

**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 95 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 9 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

865.59

Transaction ID : SB17.74833

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 9 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

215.90

Transaction ID : SB17.74831

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 9 |   | 2 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

176.62

Transaction ID : SB17.74830

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

1258.11

**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 96 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 9 |   | 2 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

254.78

Transaction ID : SB17.74829

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTBLUE TECHNICAL SERVICES**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144Purpose of Disbursement  
CREDIT CARD 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 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

219.81

Transaction ID : SB17.74828

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADEGA GRILL**

Mailing Address 130 FERRY ST

City  
NEWARKState  
NJZip Code  
07105Purpose of Disbursement  
STAFF 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 | 7 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

249.44

Transaction ID : SB17.74911

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

724.03

**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 97 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
FUNDRAISING TRAVEL EXPENSES

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 | 8 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1329.57

Transaction ID : SB17.74924

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 1 Massachusetts Ave NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Transportation to/from DC

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 | 8 |   | 1 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

96.00

Transaction ID : SB17.74939

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amtrak**

Mailing Address 1 Massachusetts Ave NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Transportation to/from DC

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 | 9 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.74971

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

1575.57

**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 98 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 1 Massachusetts Ave NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 24  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
Transportation to/from DC

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

955.00

Transaction ID : SB17.74972

☐ 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. Amtrak**

Mailing Address 1 Massachusetts Ave NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 29  |   | 2025    |

City  
WashingtonState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
Transportation to/from DC

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

298.00

Transaction ID : SB17.74973

☐ 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. ANGERHOLZER BROZ CONSULTING**

Mailing Address 499 SOUTH CAPITOL ST, SW, STE 420

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 17  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING CONSULTING - REIMBURSED SUPPLIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2483.95

Transaction ID : SB17.74896

☐ 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).....▶

3736.95

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

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

PAGE 99 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ANGERHOLZER BROZ CONSULTING**

Mailing Address 499 SOUTH CAPITOL ST, SW, STE 420

City  
WASHINGTONState  
DCZip Code  
20003Purpose 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 | 8 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.74899

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANGERHOLZER BROZ CONSULTING**

Mailing Address 499 SOUTH CAPITOL ST, SW, STE 420

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING CONSULTING - REIMBURSED 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 | 8 |   | 2 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

255.16

Transaction ID : SB17.74897

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANGERHOLZER BROZ CONSULTING**

Mailing Address 499 SOUTH CAPITOL ST, SW, STE 420

City  
WASHINGTONState  
DCZip Code  
20003Purpose 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 | 9 |   | 0 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.74900

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

10255.16

**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 100 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Mailing Address 890 WINTER STREET, SUITE 300

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2025    |

City  
WALTHAMState  
MAZip Code  
02451

FEC Identification Number

C

Purpose of Disbursement  
DIRECT EMAIL MARKETING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1177.99

Transaction ID : SB17.74889

☐ 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. DAVID-SHY, NYOTA, , ,**

Mailing Address 111 S HARRISON ST #102

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 09  |   | 2025    |

City  
EAST ORANGEState  
NJZip Code  
07018

FEC Identification Number

C

Purpose of Disbursement  
GENERAL CAMPAIGN CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.74953

☐ 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. HOTEL ADAGIO**

Mailing Address 550 GEARY ST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 05  |   | 2025    |

City  
SAN FRANCISCOState  
CAZip Code  
94102

FEC Identification Number

C

Purpose of Disbursement  
LODGING FOR FUNDRAISING EVENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1129.80

Transaction ID : SB17.74933

☐ 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).....▶

2657.79

**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 101 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. Icon Media Group LLC**

Mailing Address PO Box 22252

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
GRAPHIC DESIGN AND PRINTING

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 | 7 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

155.00

Transaction ID : SB17.74904

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IMH STRATEGIES LLC**

Mailing Address 915 BROAD ST

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
POLITICAL 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 | 7 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.74882

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IMH STRATEGIES LLC**

Mailing Address 915 BROAD ST

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
POLITICAL 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 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1837.50

Transaction ID : SB17.74886

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

3492.50

**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 102 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. IMH STRATEGIES LLC**

Mailing Address 915 BROAD ST

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
POLITICAL 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 | 8 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

525.00

Transaction ID : SB17.74951

☐ Memo Item**B. IMH STRATEGIES LLC**

Mailing Address 915 BROAD ST

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
POLITICAL 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 | 9 |   | 1 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1012.50

Transaction ID : SB17.74979

☐ Memo Item**C. INFLABOUNCE**

Mailing Address 59 E RUNYON ST

City  
NEWARKState  
NJZip Code  
07114Purpose of Disbursement  
OUTREACH EVENT EQUIPMENT 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 | 8 |   | 2 | 2 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

392.38

Transaction ID : SB17.74957

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

1929.88

**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 103 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.74890

☐ 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. INTUIT**

Mailing Address 2700 COAST AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 19  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.74946

☐ 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. INTUIT**

Mailing Address 2700 COAST AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 10  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

19.00

Transaction ID : SB17.74947

☐ 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).....▶

92.00

**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)

PAGE 104 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
ACCOUNTING SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

38.00

Transaction ID : SB17.74948

☐ 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. MARRIOTT MARQUIS WASHINGTON DC**

Mailing Address 901 MASSACHUSETTS AVE NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 25  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
LODGING/HOTEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1275.45

Transaction ID : SB17.74998

☐ 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. MARRIOTT MARQUIS WASHINGTON DC**

Mailing Address 901 MASSACHUSETTS AVE NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 29  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20001

FEC Identification Number

C

Purpose of Disbursement  
LODGING/HOTEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1275.45

Transaction ID : SB17.74999

☐ 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).....▶

2588.90

**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 105 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. MARRIOTT MARQUIS WASHINGTON DC**

Mailing Address 901 MASSACHUSETTS AVE NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
LODGING/HOTEL

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

1605.83

Transaction ID : SB17.74996

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARRIOTT MARQUIS WASHINGTON DC**

Mailing Address 901 MASSACHUSETTS AVE NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
LODGING/HOTEL

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

1275.44

Transaction ID : SB17.75000

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. McIver, Robin, , ,**

Mailing Address 92 South 8th St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 01  |   | 2025    |

City  
NewarkState  
NJZip Code  
07108Purpose of Disbursement  
Outreach event staffing

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

100.00

Transaction ID : SB17.74867

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

2981.27

**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 106 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. NEW BLUE INTERACTIVE**

Mailing Address 5138 NEWPORT AVE

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
DIGITAL 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 | 7 |   | 3 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

31169.17

Transaction ID : SB17.74921

☐ Memo Item**B. NEW BLUE INTERACTIVE**

Mailing Address 5138 NEWPORT AVE

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
DIGITAL 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 | 9 |   | 0 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9000.00

Transaction ID : SB17.74962

☐ Memo Item**C. Purdie, Leon, , ,**

Mailing Address 87 Lenox St

City  
NewarkState  
NJZip Code  
07106Purpose of Disbursement  
CAMPAIGN EVENT SECURITY

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 | 7 |   | 1 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

455.00

Transaction ID : SB17.74885

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

40624.17

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

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

PAGE 107 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. Purdie, Leon, , ,**

Mailing Address 87 Lenox St

City  
NewarkState  
NJZip Code  
07106Purpose of Disbursement  
CAMPAIGN EVENT SECURITY

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 | 8 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

780.00

Transaction ID : SB17.74950

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RENAISSANCE NEW ORLEANS HOTEL**

Mailing Address 700 TCHOUPITOU LAS ST

City  
NEW ORLEANSState  
LAZip Code  
70130Purpose of Disbursement  
LODGING FOR CAMPAIGN EVENT

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 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

279.00

Transaction ID : SB17.74878

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROSELLINI, NOELLE, , ,**

Mailing Address 1128 G ST. APT 1

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
GENERAL CAMPAIGN 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 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2437.50

Transaction ID : SB17.74881

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

3496.50

**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 108 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ROSELLINI, NOELLE, , ,**

Mailing Address 1128 G ST. APT 1

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
GENERAL CAMPAIGN 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 | 8 |   | 1 | 8 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1575.00

Transaction ID : SB17.74945

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSELLINI, NOELLE, , ,**

Mailing Address 1128 G ST. APT 1

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
GENERAL CAMPAIGN 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 | 9 |   | 2 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

4585.18

Transaction ID : SB17.74997

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RUMSEY, HANNA, , ,**

Mailing Address 1115 CLIFTON ST NW, UNIT 1

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
GENERAL CAMPAIGN 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 | 9 |   | 1 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.74990

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

8160.18

**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 109 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. Shoprite**

Mailing Address 160 Silas Deane Hwy

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 02  |   | 2025    |

City  
WethersfieldState  
CTZip Code  
06109

FEC Identification Number

C

Purpose of Disbursement  
Outreach event food/beverage

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

120.05

Transaction ID : SB17.74868

☐ 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. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 04  |   | 2025    |

City  
DALLASState  
TXZip Code  
75235

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING AIRFARE EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

474.90

Transaction ID : SB17.74931

☐ 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. STAPLES**

Mailing Address 500 STAPLES DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 14  |   | 2025    |

City  
FRAMINGHAMState  
MAZip Code  
01702

FEC Identification Number

C

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

371.02

Transaction ID : SB17.74941

☐ 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).....▶

965.97

**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 110 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 |
| 07  |   | 16  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.74894

☐ Memo Item**B. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 |
| 07  |   | 31  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.74915

☐ Memo Item**C. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 |
| 08  |   | 29  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.74916

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

35.00

**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)

PAGE 111 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 | 9 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.74918

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 | 9 |   | 2 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.74919

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

City  
NEWARKState  
NJZip Code  
07103Purpose of Disbursement  
BANK FEE

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 | 9 |   | 3 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.74917

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

40.00

**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)

PAGE 112 OF 128

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 356 SPRINGFIELD AVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 30  |   | 2025    |

City  
NEWARKState  
NJZip Code  
07103

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

45.00

Transaction ID : SB17.74920

☐ 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. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 15  |   | 2025    |

City  
CHICAGOState  
ILZip Code  
60606

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING AIRFARE EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

873.84

Transaction ID : SB17.74929

☐ 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. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 04  |   | 2025    |

City  
CHICAGOState  
ILZip Code  
60606

FEC Identification Number

C

Purpose of Disbursement  
FUNDRAISING AIRFARE EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

996.96

Transaction ID : SB17.74928

☐ 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).....▶

1915.80

**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 113 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. WASHINGTON DC NOMA HOTEL**

Mailing Address 1222 FIRST ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
LODGING/HOTEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

679.73

Transaction ID : SB17.74977

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ZIPADVISOR LLC**

Mailing Address 257 SPRUCE DR

City  
BRICKState  
NJZip Code  
08723Purpose of Disbursement  
COMPLIANCE/REPORTING/FILING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.74887

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ZIPADVISOR LLC**

Mailing Address 257 SPRUCE DR

City  
BRICKState  
NJZip Code  
08723Purpose of Disbursement  
COMPLIANCE/REPORTING/FILING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.74901

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

5679.73

**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 114 OF 128

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ZIPADVISOR LLC**

Mailing Address 257 SPRUCE DR

City  
BRICKState  
NJZip Code  
08723Purpose of Disbursement  
COMPLIANCE/REPORTING/FILING SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.74902

☐ 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:

Category/  
Type

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:

Category/  
Type

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).....▶

2500.00

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

97694.27

**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 115 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. BARKER, LISSA, , ,**

Mailing Address 205 SUNRIDGE DRIVE

City  
PITTSBURGHState  
PAZip Code  
15234

Purpose of Disbursement

Contribution on 05/20/2025 refunded by ActBlue on 08/03/2025; refund  
included in 07/24/2025 fee report

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 3 | 1 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.75094

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOWERS, LEW, , ,**

Mailing Address 4262 SE BELMONT STREET, #409

City  
PORTLANDState  
ORZip Code  
97215

Purpose of Disbursement

Contribution on 06/18/2025 refunded by ActBlue on 09/14/2025; refund  
included in 09/14/2025 fee report

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 4 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.75129

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CALDWELL, KATHERINE, , ,**

Mailing Address 10115 PENDULA DRIVE

City  
INDIANAPOLISState  
INZip Code  
46236

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/24/2025 fee report

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB20A.75125

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. COSTELLO, GAYLE, , ,**

Mailing Address 2211 BIRCH ST.

City  
DENVERState  
COZip Code  
80207

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 07/20/2025; refund  
included in 07/20/2025 fee remi  
Candidate NameCategory/  
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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB20A.75099

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIERDORFF, JOANNE, , ,**

Mailing Address 325 S. MICHIGAN ST.

City  
REDLANDSState  
CAZip Code  
92373

Purpose of Disbursement

Contribution on 06/16/2025 refunded by ActBlue on 09/07/2025; refund  
included in 09/05/2025 fee remi  
Candidate NameCategory/  
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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75127

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 05/20/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/23/2025 fee remi  
Candidate NameCategory/  
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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75105

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 08/24/2025; refund

included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75106

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 08/24/2025; refund

included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75107

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 05/30/2025 refunded by ActBlue on 08/24/2025; refund

included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : SB20A.75120

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 06/12/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.75121

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 06/12/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.75122

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOBSEVAGE, TINA, , ,**

Mailing Address 600 WEST 111TH STREET

City  
NEW YORKState  
NYZip Code  
10025

Purpose of Disbursement

Contribution on 06/22/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/22/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB20A.75123

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. HANES, ROBERT, , ,**

Mailing Address 5047 NEWPORT NEWS CIR.

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

City  
BRADENTON , FLORIDA, 34211State  
FLZip Code  
28557-6235

FEC Identification Number

**C**Purpose of Disbursement  
Contribution on 05/20/2025 refunded by ActBlue on 09/28/2025; refund  
included in 09/22/2025 fee remi  
Candidate NameCategory/  
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75130

☒ 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. MAC MILLAN, WILLIAM, , ,**

Mailing Address 26 MAPLE LN.

Date of Disbursement

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

City  
NARROWSBURGState  
NYZip Code  
12764

FEC Identification Number

**C**Purpose of Disbursement  
Contribution on 05/21/2025 refunded by ActBlue on 08/03/2025; refund  
included in 08/03/2025 fee remi  
Candidate NameCategory/  
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.75104

☒ 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. MATAMOROS, JOSE, , ,**

Mailing Address 209 SOUTHTOWNE PL AA296

Date of Disbursement

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

City  
SOUTH MILWAUKEEState  
WIZip Code  
53172

FEC Identification Number

**C**Purpose of Disbursement  
Contribution on 06/21/2025 refunded by ActBlue on 08/24/2025; refund  
included in 08/23/2025 fee remi  
Candidate NameCategory/  
Type

Amount of Each Disbursement this Period

12.50

Transaction ID : SB20A.75124

☒ 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 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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. MCMILLEN, CAROL, , ,**

Mailing Address 4115 MERIDIAN AVE N

City  
SEATTLEState  
WAZip Code  
98103

Purpose of Disbursement

Contribution on 05/20/2025 refunded by ActBlue on 07/20/2025; refund

included in 07/16/2025 fee report

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : SB20A.75096

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ORLET, JAMES, , ,**

Mailing Address 1187 BUCKHORN CT

City  
MILFORDState  
MIZip Code  
48381

Purpose of Disbursement

Contribution on 06/25/2025 refunded by ActBlue on 07/20/2025; refund

included in 07/16/2025 fee report

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB20A.75098

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBINSON, BARBARA, , ,**

Mailing Address 908 BUCKNAM AVE

City  
CAMPBELLState  
CAZip Code  
95008

Purpose of Disbursement

Contribution on 06/10/2025 refunded by ActBlue on 07/20/2025; refund

included in 07/16/2025 fee report

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.75097

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. RODMAN, BARBARA, , ,**

Mailing Address 8107 N 117TH E AVENUE

City  
OWASSOState  
OKZip Code  
74055

Purpose of Disbursement

Contribution on 06/10/2025 refunded by ActBlue on 09/28/2025; refund

included in 09/28/2025 fee remi

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75134

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SALISBURY, JEANNE, , ,**

Mailing Address 22DONNA MAE LANE

City  
TOLLANDState  
CTZip Code  
06084

Purpose of Disbursement

Contribution on 06/21/2025 refunded by ActBlue on 09/07/2025; refund

included in 09/07/2025 fee remi

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 7 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : SB20A.75128

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHORR, ROBERT, , ,**

Mailing Address 11 LOUISE DRIVE

City  
WEST NYACKState  
NYZip Code  
10994

Purpose of Disbursement

Contribution on 06/10/2025 refunded by ActBlue on 09/28/2025; refund

included in 09/28/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75133

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 128

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. SHIH, JENG, , ,**

Mailing Address 6121 PALOMINO DR

City  
PLANOState  
TXZip Code  
75024

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 08/03/2025; refund

included in 08/03/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.75100

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPANIER, LINDA, , ,**

Mailing Address 202 EAST OAK STREET

City  
SOMERSETState  
KYZip Code  
42501

Purpose of Disbursement

Contribution on 05/20/2025 refunded by ActBlue on 09/28/2025; refund

included in 09/23/2025 fee remi

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.75131

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPANIER, LINDA, , ,**

Mailing Address 202 EAST OAK STREET

City  
SOMERSETState  
KYZip Code  
42501

Purpose of Disbursement

Contribution on 05/21/2025 refunded by ActBlue on 09/28/2025; refund

included in 09/23/2025 fee remi

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 3 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.00

Transaction ID : SB20A.75132

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. WIELKOPOLSKI, RONALD, , ,**

Mailing Address 15700 STANWOOD CIRCLE

City  
ANCHORAGEState  
AKZip Code  
99516

Purpose of Disbursement

Contribution on 06/27/2025 refunded by ActBlue on 08/31/2025; refund

included in 08/02/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.75126

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. ZAWODNIAK, ANNE, , ,**

Mailing Address 549 E VIRGINIA STREET P O BOX 1785

City  
FLORENCEState  
AZZip Code  
85132

Purpose of Disbursement

Contribution on 06/10/2025 refunded by ActBlue on 08/03/2025; refund

included in 08/02/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.75101

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ZAWODNIAK, ANNE, , ,**

Mailing Address 549 W VIRGINIA STREET, P O BOX 178

City  
FLORENCEState  
AZZip Code  
85132

Purpose of Disbursement

Contribution on 06/11/2025 refunded by ActBlue on 08/03/2025; refund

included in 08/02/2025 fee remi

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.75102

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <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)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ZAWODNIAK, ANNE, , ,**

Mailing Address 549 E VIRGINIA STREET P O BOX 1785

City  
FLORENCEState  
AZZip Code  
85132

Purpose of Disbursement

Contribution on 06/25/2025 refunded by ActBlue on 08/03/2025; refund  
included in 08/03/2025 fee report

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB20A.75103

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

Category/  
Type

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).....▶

0.00

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

0.00

**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 125 OF 128

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. AMINA BEY FOR COUNCIL**

Mailing Address 19 JAMES STREET

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
CONTRIBUTION TO NONFEDERAL CANDIDATED

Candidate Name

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

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  | / | 03  | / | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.74965

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEATTY FOR CONGRESS**Mailing Address 222 EAST TOWN STREET  
SUITE 2WCity  
COLUMBUSState  
OHZip Code  
43215Purpose of Disbursement  
CONTRIBUTION TO FEDERAL CANDIDATECandidate Name  
BEATTY, JOYCE, , ,Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  | / | 15  | / | 2025    |

FEC Identification Number

C C00507368

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.74944

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONGRESSIONAL BLACK CAUCUS PAC**

Mailing Address 413 NEW JERSEY AVE, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
CONTRIBUTION TO FEDERAL PAC

Candidate Name

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

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  | / | 16  | / | 2025    |

FEC Identification Number

C C00147512

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.74978

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

1500.00

**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)

PAGE 126 OF 128

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. CONGRESSIONAL PROGRESSIVE CAUCUS PAC**

Mailing Address PO BOX 33079

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20033

FEC Identification Number

**C** C00513176Purpose of Disbursement  
CONTRIBUTION TO FEDERAL PAC

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB21.74895

☐ 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. ESSEX COUNTY DEMOCRATIC COMMITTEE**

Mailing Address 80 MAIN ST SUITE 520

Date of Disbursement

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

City  
WEST ORANGEState  
NJZip Code  
07052

FEC Identification Number

**C**Purpose of Disbursement  
POLITICAL CONTRIBUTION TO NONFEDERAL PARTY COMMITTEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

850.00

Transaction ID : SB21.74982

☐ 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. FRIENDS TO ELECT DEREL STROUD**

Mailing Address 74 WINDING RIDGE DR

Date of Disbursement

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

City  
NEPTUNEState  
NJZip Code  
07753

FEC Identification Number

**C**Purpose of Disbursement  
CONTRIBUTION TO NONFEDERAL CANDIDATE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.74961

☐ 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).....▶

4350.00

**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 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. GARLIN GILCHRIST FOR GOVERNOR**

Mailing Address 535 GRISWOLD ST, STE 111-7

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 26  |   | 2025    |

City  
DETROITState  
MIZip Code  
48226

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION TO NONFEDERAL CANDIDATE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.75006

☐ 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. GENZ FOR NEW JERSEY**

Mailing Address PO BOX 8001

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 23  |   | 2025    |

City  
ENGLEWOODState  
NJZip Code  
07631

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION TO NONFEDERAL COMMITTEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB21.74906

☐ 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. NEW JERSEY YOUNG DEMOCRATS**

Mailing Address PO BOX 103

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 09  |   | 2025    |

City  
EDISONState  
NJZip Code  
08818

FEC Identification Number

C

Purpose of Disbursement  
CONTRIBUTION TO NONFEDERAL COMMITTEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.74884

☐ 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).....▶

1750.00

**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 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

LaMonica McIver for Congress

Full Name (Last, First, Middle Initial)

**A. ST JAMES SOCIAL SERVICE CORPORATION**

Mailing Address 604 DR MARTIN LUTHER KING JR BLVD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 15  |   | 2025    |

City  
NEWARKState  
NJZip Code  
07102

FEC Identification Number

C

Purpose of Disbursement  
CHAIRTABLE CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.74970

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. TROY CARTER FOR CONGRESS**

Mailing Address PO BOX 50730

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2025    |

City  
NEW ORLEANSState  
LAZip Code  
70150

FEC Identification Number

C C00763649

Purpose of Disbursement  
CONTRIBUTION TO FEDERAL CANDIDATE

Candidate Name

CARTER, TROY A. SR., , ,

Category/  
Type

Amount of Each Disbursement this Period

800.00

Transaction ID : SB21.74876

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 02

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).....▶

1800.00

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

9400.00