



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**KENTUCKY 4TH PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2622.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3227500.00"/>	<input type="text" value="6728250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3230122.50"/>	<input type="text" value="6728250.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3230122.50"/>	<input type="text" value="6728250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**KENTUCKY 4TH PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3227500.00	6728250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3227500.00	6728250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3227500.00	6728250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3227500.00	6728250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3227500.00	6728250.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	745.00	872.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	745.00	872.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	3200000.00	6698000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	29377.50	29377.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	29377.50	29377.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3230122.50	6728250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3230122.50	6728250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3227500.00	6728250.00
34. Total Contribution Refunds (from Line 28(d)) .....	29377.50	29377.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3198122.50	6698872.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	745.00	872.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	745.00	872.50

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

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

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

NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

**A. CURRY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 8  
 City Columbus State NE Zip Code 68602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : SA11AI.4146**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Contribution

**B. Dilworth, Evangelina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4007 McCullough Ave  
 City San Antonio State TX Zip Code 78212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Effort Occupation (for Individual) Best Effort  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2026  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period  
 7000.00  
 Memo Item  
 Contribution

**C. Gleason, Stefan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 49246  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2026  
**Transaction ID : SA11AI.4148**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hunsicker, Bill, , ,</b>		Date of Receipt
Mailing Address 2410 Pioneer Dr		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2026"/>
City Reno	State NV	Zip Code 89509
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4150</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keller, James, , ,</b>		Date of Receipt
Mailing Address PO Box 3044		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2026"/>
City Wimberly	State TX	Zip Code 78676
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4152</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	Amount of Each Receipt this Period <input type="text" value="10000.00"/>
		<input type="checkbox"/> Memo Item Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tamarack Aspen, Inc</b>		Date of Receipt
Mailing Address 2807 Allen Street #2145		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2026"/>
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4142</b>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="4500750.00"/>	Amount of Each Receipt this Period <input type="text" value="1000000.00"/>
		<input type="checkbox"/> Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1015000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Tamarack Aspen, Inc</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2026 <b>Transaction ID : SA11AI.4143</b>
Mailing Address 2807 Allen Street #2145		Amount of Each Receipt this Period 600000.00
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5100750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tamarack Aspen, Inc</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2026 <b>Transaction ID : SA11AI.4144</b>
Mailing Address 2807 Allen Street #2145		Amount of Each Receipt this Period 1360000.00
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6460750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tamarack Aspen, Inc</b>		Date of Receipt MM / DD / YYYY 05 / 12 / 2026 <b>Transaction ID : SA11AI.4145</b>
Mailing Address 2807 Allen Street #2145		Amount of Each Receipt this Period 40000.00
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 6500750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 14  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Tamarack Aspen, Inc**

Mailing Address 2807 Allen Street  
#2145

City Dallas State TX Zip Code 75204

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6700750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2026

Transaction ID : SA11A1.4162

Amount of Each Receipt this Period  
 200000.00

Memo Item  
 Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3227500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

Full Name (Last, First, Middle Initial) <b>A. Chain Bridge Bank NA</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2026
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4165</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank Fees		001
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:	Amount of Each Disbursement this Period 25.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Chain Bridge Bank NA</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2026
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4166</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank Fees		001
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:	Amount of Each Disbursement this Period 2.50	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Chain Bridge Bank NA</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2026
Mailing Address 1445-A Laughlin Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4167</b>
City McLean	State VA	Zip Code 22101
Purpose of Disbursement Bank Fees		001
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:	Amount of Each Disbursement this Period 25.00	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	52.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

**A. Chain Bridge Bank NA**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 10 / 2026

FEC Identification Number: C

Transaction ID : **SB21B.4169**

Amount of Each Disbursement this Period: 2.50

Memo Item

**B. PSQ Impact**

Full Name (Last, First, Middle Initial)

Mailing Address 516 S Dixie Hwy  
Box 191

City West Palm Beach State FL Zip Code 33401

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 26 / 2026

FEC Identification Number: C

Transaction ID : **SB21B.4170**

Amount of Each Disbursement this Period: 640.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	642.50
<b>TOTAL</b> This Period (last page this line number only).....▶	695.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**KENTUCKY 4TH PAC**

**A. Tamarack Aspen, Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 2807 Allen Street #2145

City Dallas State TX Zip Code 75204

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 10 / 2026

FEC Identification Number C

Transaction ID : SB28A.4168

Amount of Each Disbursement this Period 29377.50

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	29377.50
<b>TOTAL</b> This Period (last page this line number only).....▶	29377.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
KENTUCKY 4TH PAC
FEC IDENTIFICATION NUMBER
C C00943753

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Hello Lamp Media, LLC
Mailing Address: 4940 O Street #1147
City: Lincoln State: NE Zip Code: 68510
Purpose of Expenditure: Direct Mail
Category/Type: 004
Date of Public Distribution/Dissemination: 05/14/2026
Amount: 40000.00
Transaction ID: SE.4136
Date of Disbursement or Obligation: 05/14/2026
Name of Federal Candidate: GALLREIN, ED, ,
Office Sought: House District: 04 State: KY
Disbursement For: Primary

Full Name of Payee: UP ON AIR BUYING LLC
Mailing Address: P.O. BOX 191884
City: DALLAS State: TX Zip Code: 75219
Purpose of Expenditure: Television Advertising
Category/Type: 004
Date of Public Distribution/Dissemination: 05/07/2026
Amount: 1600000.00
Transaction ID: SE.4130
Date of Disbursement or Obligation: 05/05/2026
Name of Federal Candidate: GALLREIN, ED, ,
Office Sought: House District: 04 State: KY
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1640000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature BACKUS, GARY, ,

Date 06/10/2026

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>KENTUCKY 4TH PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00943753
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item UP ON AIR BUYING LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 191884		Amount <input type="text"/>	
City DALLAS	State TX	Zip Code 75219	Transaction ID : <b>SE.4133</b>
Purpose of Expenditure Television Advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: GALLREIN, ED, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/ Type <input type="text"/>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKUS, GARY, , , Date  /  /   
Signature