

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ANDY OGLES FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2024 To: M M / D D / Y Y Y Y 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	39961.39
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	39961.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1321.90	159149.98
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	90.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1321.90	159059.70
8. Cash on Hand at Close of Reporting Period (from Line 27)	95348.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ANDY OGLES FOR CONGRESS

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

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).....	0.00	1000.00
(ii) Unitemized.....	0.00	32461.39
(iii) TOTAL of contributions from individuals ▶	0.00	33461.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	39961.39
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	2259.24
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	90.28
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)..... ▶	0.00	42310.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1321.90	159149.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1321.90	159149.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	96670.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	96670.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1321.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	95348.95

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALL STREET JOURNAL			Date of Disbursement MM / DD / YYYY 01 / 16 / 2024	
Mailing Address 1211 AVENUE OF THE AMERICAS			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10036-8701	Amount of Each Disbursement this Period 14.26	
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type 001	Transaction ID : BD25C5E28DD684AF39A0	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PATRIOT MOBILE			Date of Disbursement MM / DD / YYYY 01 / 25 / 2024	
Mailing Address 1527 W STATE HIGHWAY 114 STE 500			FEC Identification Number C	
City GRAPEVINE	State TX	Zip Code 76051-8671	Amount of Each Disbursement this Period 193.04	
Purpose of Disbursement UTILITIES		Category/ Type 001	Transaction ID : BD775E90148674A7F8E1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WALL STREET JOURNAL			Date of Disbursement MM / DD / YYYY 02 / 13 / 2024	
Mailing Address 1211 AVENUE OF THE AMERICAS			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10036-8701	Amount of Each Disbursement this Period 14.26	
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type 001	Transaction ID : B25ED954D536B4B98A6D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	221.56
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 Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B99BE626020FC4FC880F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BD1B88A0482B84020A2A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BA70E7B9D4D0C4B708B0	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BEB0061645F3342FB8C2		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BB156A63F7341453EA8B		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BB0E849850E024E52BDF		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B1D5C5D290B9E47A9B69		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B15FA472ACD244428808		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024		
Mailing Address 240 KENT AVE			FEC Identification Number C		
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BF096D269D7444F468D4		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B2DC47353F56348CEACE	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : BB080919D97114FFF9B5	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 02 / 21 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B61B153B5F2B74962A0E	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement MM / DD / YYYY 02 / 21 / 2024
Mailing Address 240 KENT AVE		FEC Identification Number C
City BROOKLYN	State NY	Zip Code 11237
Purpose of Disbursement DATABASE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 50.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B18F7F75973374DBAB17
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PATRIOT MOBILE		Date of Disbursement MM / DD / YYYY 02 / 26 / 2024
Mailing Address 1527 W STATE HIGHWAY 114 STE 500		FEC Identification Number C
City GRAPEVINE	State TX	Zip Code 76051-8671
Purpose of Disbursement UTILITIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 193.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B09437E4079E34615812
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WALL STREET JOURNAL		Date of Disbursement MM / DD / YYYY 03 / 12 / 2024
Mailing Address 1211 AVENUE OF THE AMERICAS		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10036-8701
Purpose of Disbursement OFFICE SUBSCRIPTIONS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 14.26	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B2591F8A14C5743939FF
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	257.30
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 Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ANDY OGLES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2024	
Mailing Address 240 KENT AVE			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11237	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DATABASE		Category/ Type 001	Transaction ID : B2D7CF9CCE9AF4EED837	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PATRIOT MOBILE			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2024	
Mailing Address 1527 W STATE HIGHWAY 114 STE 500			FEC Identification Number C	
City GRAPEVINE	State TX	Zip Code 76051-8671	Amount of Each Disbursement this Period 193.04	
Purpose of Disbursement UTILITIES		Category/ Type 001	Transaction ID : B1439D8FF979347F1A83	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	243.04
TOTAL This Period (last page this line number only).....▶	1321.90

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C781D1870C6B5417683C**
ANDY OGLES FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
OGLES, ANDY, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 29 PUBLIC SQ		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City COLUMBIA	State TN	ZIP Code 38401-3355
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 15 / 2022	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	20000.00

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